

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15870

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 463			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia, R.F.D. #5		c. LENGTH OF STAY (in this place) 9 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0100			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Boone County Hospital				d. STREET ADDRESS (If rural, give location) R.F.D. # 5					
3. NAME OF DECEASED (Type or Print) EDWARD MORTON STUMP			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH May 27, 1950		(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 24, 1876			
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Edgar County Illinois		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Joseph Stump			13b. MOTHER'S MAIDEN NAME Jane Brown			14. NAME OF HUSBAND OR WIFE Nellie F. Stump, R.F.D. 5			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie F. Stump R.F.D. #5					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				DUE TO (b) Nephrosclerosis				10 Day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Arteriosclerosis, generalized				Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Bronchopneumonia				Terminal	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 446X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 23, 1950, to May 27, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 8:20 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Charles M. Sanke, M.D.				23b. ADDRESS (Degree or title) Columbia, Missouri		23c. DATE SIGNED 5-27-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/29/1950		24c. NAME OF CEMETERY OR CREMATORY Sweet Springs		24d. LOCATION (City, town, or county) (State) Sweet Springs, Missouri			
DATE REC'D BY LOCAL REG. May 28 1950		REGISTRAR'S SIGNATURE 31 Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED
JUN 6 1958
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Lyman H. Sprinkle*

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.