

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26371**

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

BIRTH NO. _____		REG. DIST. NO. <b>75</b>		PRIMARY REG. DIST. NO. <b>3015</b>		Registrar's No. <b>56</b>	
1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Clinton</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>CAMERON</b>		c. LENGTH OF STAY (in this place) <b>27 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cameron</b>		<b>0251</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cameron Community Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>W 304 St. 6</b>			
3. NAME OF DECEASED a. (First) <b>DANIEL</b>		b. (Middle) <b>C</b>		c. (Last) <b>STOFFLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 28 - 1950</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>Nov. 29 - 1863</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Caldwell Co Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Chancery Stoffle</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Blominger</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Stoffle</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Max Gus Enrign</b>		ADDRESS <b>Cameron</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>apoplexy</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>10 yrs</b> <b>334X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>July 2, 1950</b> to <b>July 28, 1950</b> , that I last saw the deceased alive on <b>July 25, 1950</b> , and that death occurred at <b>1:15 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Chompton</b>				23b. ADDRESS <b>Cameron Mo</b>		23c. DATE SIGNED <b>7/28/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-30-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Graceland</b>		24d. LOCATION (City, town, or county) (State) <b>Cameron Mo</b>		
DATE REC'D BY LOCAL REG. <b>8-8-1950</b>		REGISTRAR'S SIGNATURE <b>Wm. Fred W. Mosler</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Paul Funeral Home</b>		ADDRESS <b>Cameron</b>	

(Licensed Embalmer's Statement on Reverse Side)



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, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert F Poland

Licensed Embalmer No. 47774

P. O. Address 222 West 3rd  
Cameron 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.