

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26419

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 1316 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Cooper	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN Rural-Clear Creek 6340		c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN Clear Creek Twp. 0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi. South Pilot Grove		d. STREET ADDRESS (If rural, give location) 3 Mi So. Pilot Grove	
3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) c. (Last) STOECKLEIN			4. DATE OF DEATH (Month) (Day) (Year) Aug-22-1950
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov-6-1871 79-9-16
9. AGE (In years last birthday) 78		MONTHS 4	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer same
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew Stoecklein	
13b. MOTHER'S MAIDEN NAME Maryann Brinckart		14. NAME OF HUSBAND OR WIFE Anna Stoecklein Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Andrew Stoecklein		ADDRESS Pilot Grove Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronica ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) not known DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (a) Arterio Sclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE OF OPERATION	
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) (Minute)	
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 12-31, 1945, to 8-22, 1950, that I last saw the deceased alive on 8-20, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Chas. Sandberg		23b. ADDRESS Pilot Grove Mo	
23c. DATE SIGNED 8-22-50		23d. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug-24-50	
24c. NAME OF CEMETERY OR CREMATORY St Joseph Cem - Pilot Grove		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. 8-22-50		REGISTRAR'S SIGNATURE Nellie Mullett	
25. FUNERAL DIRECTOR'S SIGNATURE Hays + Painter		ADDRESS Pilot Grove Mo	

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

5270  
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**RECEIVED** *8/28/50*

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8/28/50

NOV 26 1951

**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 *Rayton E. Hays*

Licensed Embalmer No. 3074

P. O. Address *Pilot Grove 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.