

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30132

State File No. ....

0402  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JEFFERSON TWP.</u>		
c. LENGTH OF STAY (in this place) <u>6 HRS.</u>			d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CULLERS HOSP.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDWARD</u>	b. (Middle) <u>DAVID</u>	c. (Last) <u>STOLLAR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1950</u>
5. SEX <u>MO</u>	6. COLOR OR RACE <u>WH.</u>	7. <del>PREVIOUS MARRIAGE</del> WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>MAR. 28 1870</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>GRAND MOUND IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>AM.</u>
13a. FATHER'S NAME <u>DAVID STOLLAR</u>		13b. MOTHER'S MAIDEN NAME <u>ADDIE TWIST</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. C. Stollar</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion, acute</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease (years)</u> DUE TO (c) <u>Infirmities</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION:			19c. INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
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 <u>April 4, 1950</u> , to <u>May 24, 1950</u> , that I last saw the deceased alive on <u>May 24, 1950</u> , and that death occurred at <u>4:10 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C. L. Clark, M.D.</u> (Degree or title)			23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>5/26/50</u>
24a. BURIAL (Specify)		24b. DATE <u>5-26-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>		24d. LOCATION (City, town, or county) (State) <u>JAMESPORT, MO.</u>
DATE REC'D BY LOCAL REG. <u>5/26/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

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

JAN 23 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 *Robert F. Richardson*  
Licensed Embalmer No. *4715*

P. O. Address *Springport, 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.