

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1950

State File No.

No. 300
10.48

BIRTH NO. 575.30-50 REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 68

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1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give town) OREGON		c. CITY (If outside corporate limits, write RURAL and give township) FOREST CITY	
c. LENGTH OF STAY (In this place) 8 HOURS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LEON c. (Last) STULL		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 18 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPT. 18 1950
9. AGE (In years last birthday) 5		10. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (State or foreign country) OREGON, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME THOMAS LEON STULL		13b. MOTHER'S MAIDEN NAME DOROTHY EILEEN HUNZIGER		14. NAME OF HUSBAND OR WIFE	
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 THOMAS L. STULL ADDRESS FOREST CITY, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 HOURS	
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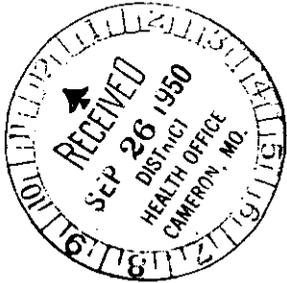
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from SEPT 18, 1950, to 19, that I last saw the deceased alive on SEPT 18, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE DR. W. E. Corbin (Degree or title)		23b. ADDRESS A.B., D.O. 12 Oregon Mo.		23c. DATE SIGNED SEPT 17, 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 19, 1950		24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE	
24d. LOCATION (City, town, or county) (State) OREGON, MISSOURI					

DATE REC'D BY LOCAL REG. SEP 18 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew ADDRESS Oregon Mo	
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WRITE PLAINLY - USING UNFAADING BLACK INK - MAKE A PERMANENT RECORD



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 James H. Pettyjohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.

James H. Pettyjohn