

THE DIVISION OF HEALTH OF MISSOURI  
FILED OCT 13 1950 STANDARD CERTIFICATE OF DEATH

State File No. **31476**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3060</u>		Registrar's No. <u>325</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Francois,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <u>Missouri</u> <u>St. Francois</u> <u>0941</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington, Mo.</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>Edward</u>		a. (First)		b. (Middle) <u>M.</u>		c. (Last) <u>Stamm.</u>		
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>28,</u>		(Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 20, 1862</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iron Mountain, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.B.A.</u>		
13a. FATHER'S NAME <u>John Henry Stamm.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Blankenship</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ed. Stamm Farmington Mo.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Disease</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardio-Vascular Renal Disease</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Found dead in bed, 44 1/2 X</u>	
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 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>Jan 1, 1898</u> , to <u>Sept 28, 1950</u> , that I last saw the deceased alive on <u>Sept 25, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Geo. C. Walker Sr. M.D.</u>				23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>9-30-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 30, 1950</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home Farmington, Mo.</u>				

(Licensed Emballer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT - 3 1950

RECEIVED

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*CA Cozear*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.