

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 4

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4040</u>		State File No.		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Cole Camp</u>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED a. (First) <u>John</u> (Type or Print)			b. (Middle) <u>--</u>		c. (Last) <u>Stadtherr</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>15th</u> (Year) <u>1951</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>Dec 6th 1859</u>		9. AGE (in years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Black Smith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>wagon factory</u>		11. BIRTHPLACE (State or foreign country) <u>Czecho-Slovakia</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Nicholes Stadtherr</u>			13b. MOTHER'S MAIDEN NAME <u>Susanna Uglenta</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Stadtherr</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>John Stadtherr</u>					ADDRESS <u>Lombart Ill</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>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic Pneumonia</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>522X</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)		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>7-24</u> , <u>1948</u> , to <u>1-15</u> , <u>1951</u> , that I last saw the deceased alive on <u>1-15</u> , <u>1951</u> , and that death occurred at <u>Pisa, Mo.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. W. Mauland</u>			23b. ADDRESS <u>1127 Cole Camp, Mo</u>			23c. DATE SIGNED <u>1-16-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 18th 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Peters & Paul</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Jan 16, 1951</u>		REGISTRAR'S SIGNATURE <u>E. L. Eickhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eickhoff</u>		ADDRESS <u>Cole Camp Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FILED JAN 24 1951

RECEIVED 1/23/51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed: 1/23/51

FEB 27 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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Ont.

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.