

FILED JAN 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 397

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Calloway
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton
c. LENGTH OF STAY (In this place) 3 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION STEWART Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Andrew
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO 0043
d. STREET ADDRESS (If rural, give location) 1119 WEST ST. 1

3. NAME OF DECEASED
a. (First) CLARENCE b. (Middle) ORVILLE c. (Last) STOTLER
4. DATE OF DEATH (Month) (Day) (Year) JAN 12 51

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER 8. DATE OF BIRTH MAR. 8, 1881 9. AGE (In years last birthday) 69 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUSTODIAN 11. BIRTHPLACE (State or foreign country) Montgomery Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm Stotler 13b. MOTHER'S MAIDEN NAME Julia Berry 14. NAME OF HUSBAND OR WIFE Cecil Stotler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 444-22-3101 17. INFORMANT'S SIGNATURE OR NAME Ford Stotler ADDRESS MEXICO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction
ANTECEDENT CAUSES Arteriosclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Cirrhosis of the liver
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 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Oct 6, 1950, to Jan 17, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS Fulton Mo. 23c. DATE SIGNED 1-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 1-14-51 24c. NAME OF CEMETERY OR CREMATORY MIDDLETOWN 24d. LOCATION (City, town, or county) (State) MIDDLETOWN MO.

DATE REC'D BY LOCAL REG. Jan 12 1951 REGISTRAR'S SIGNATURE Maretha Lawrence 426 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]

(Licensed Embalmer's Statement on Reverse Side)

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

143
4

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 15 1951

RECEIVED

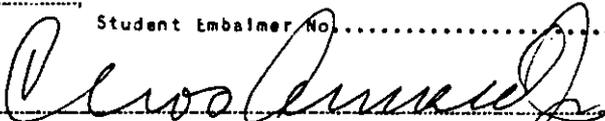
JAN 18 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed  _____
Student Embalmer No.

Licensed Embalmer No. 3564

P. O. Address Waukegan, Ill.

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.