

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4351

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSPITAL MO</u>				d. STREET ADDRESS (If rural, give location) <u>JONES STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES FREDERICK WILLIAM</u> b. (Middle) <u>STOHLMAN</u> c. (Last) <u>STOHLMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 17 1951</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 28, 1865</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>		11. BIRTHPLACE (State or foreign country) <u>UNION, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>FRED STOHLMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BUESCHER</u>		14. NAME OF HUSBAND OR WIFE <u>HANNAH STOHLMAN</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 ADDRESS <u>Estelle Biery SULLIVAN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>General Arteriosclerosis</u> DUE TO (b) <u>years</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>33 h</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) (Min.)		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 17, 1950</u> , to <u>February 17, 1951</u> , that I last saw the deceased alive on <u>Dec 16, 1950</u> , and that death occurred at <u>12:45 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Typed or title) <u>John J de la Torre MD</u>				23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>2/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 19, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION - 710 N</u>		24d. LOCATION (City, town, or county) (State) <u>UNION, MO.</u>		
DATE REC'D BY LOCAL REG. <u>2-12-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Sullivan, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 21 1951

RECEIVED

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.

Signed Edgar W. Laffoon
Licensed Embalmer No. 3394

Signed _____
Student Embalmer

P. O. Address Lalliwalth

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.