S. No. 300
V. 10.48

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FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24004

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps Co. Memor. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. James 0810
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Joe b. (Middle) F. c. (Last) Stambaugh

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 26, 1878
9. AGE (In years last birthday): 73yrs. 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri ; Pike Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Edward S. Stambaugh
13b. MOTHER'S MAIDEN NAME: Helen Emerson
14. NAME OF HUSBAND OR WIFE: Barbara Stambaugh
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.: none
17. INFORMANT'S ~~SIGNATURE~~ NAME: Mrs. Barbara Stambaugh ADDRESS: St. James, Mo.

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) Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) thrombophlebitis of leg (Stephenson's vein) — 4 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Varicose veins of legs. — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 463.x
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) m.
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* June 4, 1951, *to* July 6, 1951, *that I last saw the deceased alive on* July 6, 1951, *and that death occurred at* 8 6 *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Linker (Degree or title) 0
23b. ADDRESS: St. James Mo
23c. DATE SIGNED: 7-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-9-51
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): St. James, Missouri

DATE REC'D BY LOCAL REG.: July 16, 1951
REGISTRAR'S SIGNATURE: Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE: Paul E. Lichliter ADDRESS: St. James, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 ME, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Orell E Lickliter

Licensed Embalmer No. 3546

P. O. Address St James 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.