

Filed
Sept. 8, 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27991

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 278

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington | |
| c. LENGTH OF STAY (If in hospital) All Life | | d. STREET ADDRESS (If rural, give location) 102 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

| | | | | |
|-------------------------------------|---------------------------|----------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Bradley | b. (Middle) Kincaid | c. (Last) Stam | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 29 1951 |
|-------------------------------------|---------------------------|----------------------------|-----------------------|---|

| | | | | | | | |
|--------------------|-------------------------------|--|--|---|---------------------------------|-------------------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married | 8. DATE OF BIRTH March 28, 1931 | 9. AGE (In years last birthday) 20 | if UNDER 1 YEAR Months 5 | if UNDER 1 YEAR Days 1 | if UNDER 1 Min. Hours |
|--------------------|-------------------------------|--|--|---|---------------------------------|-------------------------------|-----------------------|

| | | | |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Farmington, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|-----------------------------------|---|---|

| | | |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME Bryan Stam | 13b. MOTHER'S MAIDEN NAME Genevieve Carrow | 14. NAME OF HUSBAND OR WIFE None |
|--------------------------------------|---|---|

| | | |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Bryan Stam, 501 Wesley Drive Farmington, 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of kidney with multiple metastases | | INTERVAL BETWEEN ONSET AND DEATH 9 months |
| | ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | 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 780X | 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 May 22, 1951, to Aug. 29, 1951, that I last saw the deceased alive on Aug. 29, 1951, and that death occurred at 10 A. m., from the causes and on the date stated above.

| | | |
|--|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) F. Richard Conich M.D. | 23b. ADDRESS Farmington, Mo. | 23c. DATE SIGNED 8:30-51 |
|--|-------------------------------------|---------------------------------|

| | | | |
|--|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REBURIAL (Specify) Burial | 24b. DATE Sept. 1, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Parkview Cem. | 24d. LOCATION (City, town, or county) (State) Farmington, Mo. |
|--|--------------------------------|---|--|

| | | | |
|---|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. Aug 31 1951 | REGISTRAR'S SIGNATURE Esther Pudloff | 25. FUNERAL DIRECTOR'S SIGNATURE C. H. Casewell | ADDRESS Farmington, Mo. |
|---|---|--|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 5 - 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.

Student
Student Embalmer

Signed _____

C. Cozart

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.