

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29658
Registrar's No. 279

BIRTH NO.		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 279	
1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALLAWAY			
b. CITY (If outside corporate limits, write RURAL and give town) FULTON		c. LENGTH OF STAY (in this place) 28 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) FULTON		0143	
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 GRAND				d. STREET ADDRESS (If rural, give location) 600 GRAND			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) LEE		c. (Last) STEHM		4. DATE OF DEATH (Month) (Day) (Year) OCT 5 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH Sept 14, 1880	
9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months 0 Days 21		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY BARBER		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Stehm		13b. MOTHER'S MAIDEN NAME Melissa Murphy		14. NAME OF HUSBAND OR WIFE LYDIA H. STEHM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edward S. Stehm, Fulton, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis, Cerebral DUE TO (c) 331X 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Mellitus INTERVAL BETWEEN ONSET AND DEATH 72 hours 5 yrs 6 mos.					
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 18 th May, 1951, to 6 th Oct., 1951, that I last saw the deceased alive on 5 th Oct., 1951, and that death occurred at 11:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward S. Stehm M.D.				23b. ADDRESS Fulton, Missouri		23c. DATE SIGNED 6 th Oct., '51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE OCT. 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Callaway Memorial		24d. LOCATION (City, town, or county) (State) Callaway County Mo.	
DATE REC'D BY LOCAL REG. Oct. 6 - 1951		REGISTRAR'S SIGNATURE 426 Marelta Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS margin Funeral Home, Fulton, Mo.			

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

OCT 24 1951

DEC 11 1958

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 Walter J. Haines Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton 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.