

FILED NOV 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34592

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 188

8/12  
0

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) Year	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	
		d. STREET ADDRESS (If rural, give location) 700 East 12th Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Annie	b. (Middle) Mae	c. (Last) Stogdill	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1951
-------------------------------------	------------------	-----------------	--------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 3, 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
---------------	------------------------	--	-------------------------------	------------------------------------	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY XXX	11. BIRTHPLACE (State or foreign country) Lake Springs, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---------------------------------------	--	------------------------------------

13a. FATHER'S NAME Robert Jones	13b. MOTHER'S MAIDEN NAME Sarah Denton	14. NAME OF HUSBAND OR WIFE Albert Stogdill (Deceased)
---------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lou Hargis, Doolittle Mo.,	ADDRESS
--	------------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart disease		
	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. Hypertension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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) m.	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 past 5 years, 19\_\_\_\_, that I last saw the deceased alive on 10-18, 1951, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE E. E. Fend m.d.	(Degree or title)	23b. ADDRESS Rolla mo.	23c. DATE SIGNED 11-2-51
--------------------------------	-------------------	------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Rhea Cemetery	24d. LOCATION (City, town, or county) (State) Near Rolla, Missouri
--	------------------------	--	--

DATE REC'D BY LOCAL REG. Nov. 2, 1951	REGISTRAR'S SIGNATURE Nadine L. Steels	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.
---------------------------------------	--	---	--------------------

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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Paul E. Null*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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.