

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36231

FILED NOV 5 1951

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

BIRTH NO.		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6283		Registrar's No. 440	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Elk Creek Twp		c. LENGTH OF STAY (In this place) 43 Y.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Elk Creek Twp.		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 3 Mi. North West St. George			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) A c. (Last) Stelle			4. DATE OF DEATH (Month) (Day) (Year) 10 19 1951				
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-20-1867		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours 29
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) North Dakota, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A.	
13a. FATHER'S NAME Hiram Stelle		13b. MOTHER'S MAIDEN NAME Susan Ray		14. NAME OF HUSBAND OR WIFE Magola Stelle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Magola Stelle St. George, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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.						INTERVAL BETWEEN ONSET AND DEATH
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) 331X			
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 10-15, 1951, to 10-19, 1951, that I last saw the deceased alive on 10-15, 1951, and that death occurred at 6:52 A.M., from the causes and on the date stated above.							
23a. SIGNATURE J. W. Hough (Degree of title)				23b. ADDRESS Grove Spring		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-20-1951		24c. NAME OF CEMETERY OR CREMATORY Dorris Cemetery		24d. LOCATION (City, town, or county) (State) Wright County, Missouri	
DATE REC'D BY LOCAL REG. 10-30-51		REGISTRAR'S SIGNATURE D. Garner 346		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene E. Halden Hartsville, Mo			

RECEIVED NOV 1951
WRIGHT CO. HEALTH DEPT.
County File Number 157-106
Date Filed 7000 3 1951

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.