

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41437

State File No.

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Nowell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nowell</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains Mo</u>	
c. LENGTH OF STAY (In this place) <u>1 mo</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sharon Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Deveno</u> b. (Middle) <u>(Jake)</u> c. (Last) <u>Stallcup</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-6-51</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>6-24-51</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Logger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Oregon Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>J. F. Stallcup</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Stanley</u>		13c. NAME OF HUSBAND OR WIFE <u>Hona Stallcup</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. Stallcup, West Plains Mo</u>			
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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) <u>Chronic Cardio Renal Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic Myocarditis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Glomerulonephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-4 yr.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 11-14-1951, to 12-6-1951, that I last saw the deceased alive on 12-5-1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. C. Bohrer, D. Med.</u>		23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>12-10-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>12-9-51</u>		24b. DATE <u>12-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nowell</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-5-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertson, West Plains Mo</u>	
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

D. D. Roberts

Licensed Embalmer No.

3437

P. O. Address.....

West Plains,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.