

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43069

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus Rural Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>	
c. LENGTH OF STAY (in this place) <u>1 wk</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Phillip J. Stoll</u>	a. (First) <u>Phillip</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Stoll</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 - 1951</u>
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5. SEX <u>Male - M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 27 - 1891</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR - Months <u>7</u>	IF UNDER 24 HRS. - Days <u>7</u>	IF UNDER 1 HR. - Hours <u>7</u>	IF UNDER 15 MIN. - Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P. Plate Glass Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Ste Genevieve Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Theodore Stoll</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Basler</u>	14. NAME OF HUSBAND OR WIFE <u>Agness Kreidler Stoll</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>497-03-2302</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard P. Stoll</u>	ADDRESS <u>Ste Genevieve 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the pancreas</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of pancreas</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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>157X</u>
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22. I hereby certify that I attended the deceased from Sept 10, 1951, to Dec 3, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Basalyn D. Boegert, M.D.</u> (Degree or title)	23b. ADDRESS <u>Festus Mo</u>	23c. DATE SIGNED <u>12/7/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 7 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Isared Heath Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-7-51</u>	REGISTRAR'S SIGNATURE <u>Emory C. Pollette</u> <u>444</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Vineyard</u>	ADDRESS <u>Festus Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 12-20-51

JAN 1 0 1952

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

James Bonnerford

Licensed Embalmer No. 4744

P. O. Address Crystal City, 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.