S. No. 300
v. 10.48

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

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43798

BIRTH NO. _____ REG. DIST. NO. 552 PRIMARY REG. DIST. NO. 6194 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: TANEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILDRED
c. LENGTH OF STAY (In this place): Lifelong
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mildred Rt 60
d. STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Ralph b. (Middle) Rudolph c. (Last) Stachling
4. DATE OF DEATH (Month) (Day) (Year): 12-17-51
5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 20 1863
9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retired Teacher
11. BIRTHPLACE (State or foreign country): Paola Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: R R Edwards | ADDRESS: Powersite 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ,

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Heart Condition for several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-17, 1951, *to* 12-17, 1951, *that I last saw the deceased alive on* 12-17, 1951, *and that death occurred at* 2:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harry Forsyth (Degree or title) Coroner
23b. ADDRESS: Branson Mo
23c. DATE SIGNED: 12-17-51
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-51
24c. NAME OF CEMETERY OR CREMATORY: Edward Cemetery
24d. LOCATION (City, town, or county) (State): Powersite Mo
DATE REC'D BY LOCAL REG.: Dec. 19-1951
REGISTRAR'S SIGNATURE: L E Coggins 376
25. FUNERAL DIRECTOR'S SIGNATURE: H. O. Whitehead | ADDRESS: Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED: DEC 26 1951
Dist. File 12-27-3182
Date Filed 12-28-51

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 Not Embalmed, working under my personal supervision.

Student Embalmer No.....

Signed Minnie L. Wheelock

Licensed Embalmer No. 2277

P. O. Address Branson Mo

Signed.....
Student Embalmer

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.