

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12215

State File No.

FILED APR 22 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).
a. STATE Mo
b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) Hulton
c. LENGTH OF STAY (in this place) 343-8-4

c. CITY (If outside corporate limits, write RURAL and give township) Jaff City 1264

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1

d. STREET ADDRESS (In rural, give location) Penitentiary 1

3. NAME OF DECEASED
a. (First) Paul b. (Middle) alias Carl c. (Last) Stoffman

4. DATE OF DEATH (Month) (Day) (Year)
April 13 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Approx

9. AGE (In years last birthday) 68
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 2 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dr

10b. KIND OF BUSINESS OR INDUSTRY Dr

11. BIRTHPLACE (State or foreign country) Germany 4

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Dr

13b. MOTHER'S MAIDEN NAME Dr

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
State Hospital Records, Hulton, 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) pulmonary tuberculosis
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 002X

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 Apr 13, 1952 to Apr 13, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:46 p.m., from the causes and on the date stated above.

23a. SIGNATURE J.M. Hunter M.D. (Degree or title)

23b. ADDRESS Hulton

23c. DATE SIGNED Apr 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-17-52

24c. NAME OF CEMETERY OR CREMATORY anatomical Burial Columbia

24d. LOCATION (City, town, or county) (State) Mo

DATE REC'D BY LOCAL REG. Apr 17-1952

REGISTRAR'S SIGNATURE Martha Lawrence 426-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J. B. Roberts Columbia Mo

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.