

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27581

SEP 3 1952

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5352 Registrar's No. 39

300

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

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Rural Sherman</u> c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sherman A34</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Plad Mo. R.R.</u>		d. STREET ADDRESS (If rural, give location) <u>Plad Mo. R.R.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>H.</u> c. (Last) <u>Stogsdill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26-1952</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>Never married</u>	8. DATE OF BIRTH <u>5-7-1878</u>	9. AGE (In years last birthday) <u>74</u> 10 UNDER 1 YEAR Months <u>3</u> Days <u>19</u> 11 UNDER 2 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Loyette Stogsdill</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Uziel Stogsdill Plad-Mo.</u>	ADDRESS <u>Plad-Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>week?</u> <u>18 mos</u> <u>4-5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last— DUE TO (b) <u>Pyelonephritis</u> DUE TO (c) <u>Hypertrophy Prostate</u>		
	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 <u>610X</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?
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22. I hereby certify that I attended the deceased from Aug, 1948, to 4-12, 1952, that I last saw the deceased alive on 4-12, 1952 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MO</u>	23b. ADDRESS <u>Buffalo</u>	23c. DATE SIGNED <u>30 Aug 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-29-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirks Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 30 52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Montgomery-Vaughan Buffalo, Mo.</u>
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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 *Clyde Montgomery* _____

Licensed Embalmer No. *3592* _____

P. O. Address *Buffalo, 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.