

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27775**
Registrar's No. **747**

DECEASED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **747**

1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield c. LENGTH OF STAY (in this place) 2 days		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield d. STREET ADDRESS (If rural, give location) 601 E Delmar	
3. NAME OF DECEASED (Type or Print) PHILLIP BRUCE STAMATE a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH August 8 1952 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 13, 1887
9. AGE (In years last birthday) 64 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) Everton, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor, Ill.		12. CITIZEN OF WHAT COUNTRY? U S A	
10b. KIND OF BUSINESS OR INDUSTRY Real estate		13a. FATHER'S NAME Milton Stamate	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Claudia Stamate	
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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Claudia Stamate, Springfield, 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) Proxigious Anemia 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. Lobar pneumonia	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. INTERVAL BETWEEN ONSET AND DEATH 1 week		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Springfield, Greene, Mo.	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Aug 6, 1952 , to Aug 8, 1952 , that I last saw the deceased alive on Aug 7, 1952 , and that death occurred at 8:00A m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 609 Cherry St.	
23c. DATE SIGNED Aug 9 1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug 10, 1952		24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Alma Johnson ADDRESS Springfield, Mo.	
DATE REC'D BY LOCAL REG. 8-9-52		REGISTRAR'S SIGNATURE [Signature]	

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

(Licensed Embellisher's Statement on Reverse Side)

2961 6 F 9/76

D.
P.

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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, 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.