

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32549**

1952 OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **5960** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEARBORN ^{township} Green		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEARBORN, Rural ^{township} Green	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (if rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) A. c. (Last) STALDER			4. DATE OF DEATH (Month) (Day) (Year) OCT. 8, 1952		
--	--	--	--	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 15, 1898	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) PLATTE CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME JOSEPH A. STALDER	13b. MOTHER'S MAIDEN NAME SARAH COPELAND	14. NAME OF HUSBAND OR WIFE LENA SINKHORN
---	---	--

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. 300-07-1967	17. INFORMANT'S SIGNATURE OR NAME MRS. J. A. STALDER	ADDRESS DEARBORN, MO.
--	--	---	------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES and Valvular Heart Disease		
	Morbidity 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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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 <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 **Jan. 1, 1949**, to **Oct. 3, 1952**, that I last saw the deceased alive on **9-27, 1952**, and that death occurred at **12:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE S. L. Durham M.D. (Degree or title)	23b. ADDRESS Dearborn Mo.	23c. DATE SIGNED 10-10-52
---	----------------------------------	----------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE 10-6-52	24c. NAME OF CEMETERY OR CREMATORY DEARBORN CEMETERY	24d. LOCATION (City, town, or county) (State) DEARBORN MO.
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 10. 6. 52	REGISTRAR'S SIGNATURE Rphia Rollins	25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN-AUFRANC	ADDRESS DEARBORN, MO.
---	--	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

830
1

0830
4

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 W. B. Vaughn

Licensed Embalmer No. 4023

P. O. Address Wester, 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.