

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5119 Registrar's No. 526

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-- Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-- Wilson</u>	
c. LENGTH OF STAY (In this place) <u>min.</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 22</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MANSFIELD</u> b. (Middle) <u>FREDDIE</u> c. (Last) <u>STIDHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>8-9-32</u>			9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attended School</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Aubrey Osborne Stidham</u>		13b. MOTHER'S MAIDEN NAME <u>Freida Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korea</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. O. Stidham, RFD 4, Centralia, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub + extra dural hemorrhage</u>		DUPLICATE OF (a) <u>Sub + extra dural hemorrhage</u>			<u>Immediate</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fractured skull</u>			<u>Immediate</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumothorax, left, traumatic</u>			<u>Immediate</u>
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 22 Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centralia Boone Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 7 52 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car out of control, rolled over</u>	

22. I hereby certify that I attended the deceased from 12/7/52, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry H. Smith, Jr. D⁵</u> (Degree or title)		23b. ADDRESS <u>909 University Ave Columbia Mo</u>		23c. DATE SIGNED <u>12/7/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 9th 1952</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill W. Taylor</u>		ADDRESS <u>Centralia, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 19 1952

DEC 17 1952

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 Bill J. Mendar

Licensed Embalmer No. 4876

P. O. Address Crestline, Missouri

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.