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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5562**

FILED FEB 25 1953

BIRTH NO. 68008 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> <u>0402</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>2105 Chestnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RANDALL</u> b. (Middle) <u>Everett</u> c. (Last) <u>Stottlemeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant 0</u>	
8. DATE OF BIRTH <u>Oct 9 1952</u>		9. AGE (in years last birthday) <u>4</u> <u>10</u> Months Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cullers Hosp. Trenton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Wendell Stottlemeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Wanda Rose Meek</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wendell Stottlemeyer</u>		ADDRESS	
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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) <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
		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. <u>491X</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Feb 18, 1953, to Feb 19, 1953, that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 10:17 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clara F. Duffey M.D.</u>		23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Feb 20 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 22 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Half Rock</u>		24d. LOCATION (City, town, or county) (State) <u>Half Rock Mo</u>	
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DATE REC'D BY LOCAL REG. <u>2-22-53</u>		REGISTRAR'S SIGNATURE <u>Dune Jan 115</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davin - Blackmon</u>		ADDRESS <u>Trenton, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

O. F. DUFFY

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

Harold L. Roberts

Licensed Embalmer No. 4820

P. O. Address Waters, 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.