

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6782

State File No.

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 9040 Registrar's No. 29

0592

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> | |
| c. LENGTH OF STAY (in this place) <u>2 years</u> | | d. STREET ADDRESS (If rural, give location) <u>Leeper Hotel</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Leeper Hotel</u> | | | |

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|-------------------------------------|------------------------|-------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Enos</u> | b. (Middle) <u>Glen</u> | c. (Last) <u>Stambach</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 23, 1953</u> |
|-------------------------------------|------------------------|-------------------------|---------------------------|--|

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|--------------------|-------------------------------|--|--|---|-----------------|------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>April 29, 1901</u> | 9. AGE (In years last birthday) <u>51</u> | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | | | | Months | Days | Hours |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Instructor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Piano and Organ</u> | 11. BIRTHPLACE (State or foreign country) <u>Denver, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
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| 13a. FATHER'S NAME <u>Enos Edward Stambach</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Estella Hills</u> | 14. NAME OF HUSBAND OR WIFE <u>Harriet Sterett</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>No Record</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. M. Templeman; Meadville, Missouri</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 | | INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>Years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obesity</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|---------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Joseph O. Conrad M.D. Coroner</u> | 23b. ADDRESS <u>Chillicothe</u> | 23c. DATE SIGNED <u>Feb. 23-53</u> |
|---|---------------------------------|------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-25-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Meadville</u> | 24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>2-123/53</u> | REGISTRAR'S SIGNATURE <u>Frances B. Neill</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u> | ADDRESS |
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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, *Elton F. Norman*.....

Licensed Embalmer No.....4036.....

P. O. Address Chillicothe, 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.