No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 - 1953

State File No. 7107

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5947 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY (Crawford) Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rte. 3, Meramec Twp., Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Appx 15 Mi. So. of Cuba, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cuba, Rte. 3, Meramec Twsp.
d. STREET ADDRESS (If rural, give location) Rte. 3 0290

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas b. (Middle) Browning c. (Last) Stahlman

4. DATE OF DEATH (Month) (Day) (Year) 3-7-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH June 27, 1908
9. AGE (In years last birthday) 44 | IF UNDER 1 YEAR: Months 7 Days 15 | IF UNDER 1 HR.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Electrical (General)
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Stahlman
13b. MOTHER'S MAIDEN NAME Maude Williams
14. NAME OF HUSBAND OR WIFE Ruth Stahlman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 333-18-1393
17. INFORMANT'S SIGNATURE OR NAME Ruth Stahlman, ADDRESS Columbia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in head, Rt Side — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Posterior to Rt. Ear
DUE TO (c) Self Inflicted, Accidental E9190

II. OTHER SIGNIFICANT CONDITIONS 19
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 029
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cuba, Meramec Twsp. Crawford Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 - 2 - 1953 7:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? There were no witnesses He apparently stumbled and accidentally discharged shot gun

22. *I hereby certify that I attended the deceased from* 3-2, 1953, *to* 3-2, 1953, *that I last saw the deceased alive on* 3-2, 1953, *and that death occurred at* 8:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) F. A. Elders, Med. Cuba Mo.
23b. ADDRESS
23c. DATE SIGNED 3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-4-1953
24c. NAME OF CEMETERY OR CREMATORY Finder Cemetery
24d. LOCATION (City, town, or county) (State) Cuba, Mo.

DATE REC'D BY LOCAL REG. 2-4-1953
REGISTRAR'S SIGNATURE Ruth B. Powell
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cuba, Mo.

(Licensed Embalmer's Statement on Reverse Side)

County File Number _____

Date Filed 3-6-53

MAR 11 1953

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 .....

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.