

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9081

State File No. ....

D MAR 30 1953

BIRTH NO. ....

REG. DIST. NO. 53PRIMARY REG. DIST. NO. 3010

Registrar's No. ....

90

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u> c. CITY OR TOWN <u>R.F.D.#1 Rural Randol Townsh</u>		
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>7 Weeks</u>	c. CITY OR TOWN <u>R.F.D.#1 Rural Randol Townsh</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.#1 Egyptmills Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mouser Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D.#1 Egyptmills Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm.</u> b. (Middle) <u>Burley</u> c. (Last) <u>Stiff.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>July 30, 1884</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Egyptmills Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Stiff</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Hitchcock</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mark Blaylock</u> ADDRESS <u>Cape Girardeau Mo</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</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>151X</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>1/20/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach</u>				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) (Min)	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 <u>1/10, 1953</u> , to <u>3-26, 1953</u> that I last saw the deceased alive on <u>3/20, 1953</u> , and that death occurred at <u>8:30 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. J. Smith MD</u> (Degree or title)			23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>3/27/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ioana Cemt.</u>	24d. LOCATION (City, town, or county) (State) <u>Egyptmills Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-27-53</u>	REGISTRAR'S SIGNATURE <u>W. J. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Smith</u> ADDRESS <u>Cape Girardeau Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

164  
4

JUL 8 1954

---

---

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: *D. L. Haman*.....

Licensed Embalmer No. 2863.....

P. O. Address Cape Girardeau 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.