

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10710

State File No.

FILED MAR 23 1953

BIRTH NO. REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY OR TOWN <u>Gravois Mills</u>		c. CITY OR TOWN <u>Gravois Mills - Osage Township</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Stadler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 17, 1883</u>	9. AGE (In years last birthday) <u>69</u>	# UNDER 1 YEAR <u>11</u> # UNDER 1 MONTH <u>0</u> # UNDER 1 HOUR <u>0</u> # UNDER 1 MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cherk Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Courier</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Stadler</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Louise Baseman</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Stadler</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>Mary Ellen Stadler</u> ADDRESS <u>Gravois Mills, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</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>Atrial fibrillation</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4331</u>
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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?
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22. I hereby certify that I attended the deceased from Mar 17, 1953, to Mar 17, 1953, that I last saw the deceased alive on Mar 17, 1953, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Washburn</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>3/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 19, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morgan County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 20 1953</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna B. Scriber</u> ADDRESS <u>Versailles, Mo.</u>
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Richard O. Kilduff (License No. 1000) (Statement on Reverse Side)

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

MAR 8 0 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 James B. Scriver
Licensed Embalmer No. 4880

P. O. Address Versailles, 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.