S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17262

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 203

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1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 1200 Monroe St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN: Fulton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1200 Monroe St., 0143

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): Fred
c. (Last): Stollmeyer

4. DATE OF DEATH (Month) May (Day) 31 (Year) 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: July 27, 1891

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 10 Days 4 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance work

10b. KIND OF BUSINESS OR INDUSTRY: at Mo. School, Deaf

11. BIRTHPLACE (City and State or Foreign Country): Gasconade Co, Mo 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fred Stollmeyer

13b. MOTHER'S MAIDEN NAME: Carolina Hang

14. NAME OF HUSBAND OR WIFE: Freda Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War # 1

16. SOCIAL SECURITY NO.: 492-03-9173

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Freda Anna Stollmeyer, Fulton

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Recurring Coronary disease

DUE TO (c): hypertension — One month

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: 4/201

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9:45 P m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.

23b. ADDRESS: Fulton Mo

23c. DATE SIGNED: June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June, 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Fulton, Missouri

DATE REC'D BY LOCAL REG.: June 2-1953

REGISTRAR'S SIGNATURE: Marietta Lawrence 426

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wallace Funeral Home Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 11 1953

JUN 10 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. William C. Trehase

Licensed Embalmer No. 4.8.7.

P. O. Address. Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.