

FILED JUN 4 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18783

BIRTH NO. _____		REG. DIST. NO. <u>229</u>		PRIMARY REG. DIST. NO. <u>4240</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Danville Township</u>		c. LENGTH OF STAY (In this place) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Danville Township</u>		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS <u>New Florence Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Moses</u>		c. (Last) <u>Stambaugh</u>	
				4. DATE OF DEATH		(Month) (Day) (Year) <u>May 30, 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>Dec. 19, 1869</u>	
						9. AGE (In years last birthday) Months Days Hours Mins. <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rolls County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Stambaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Baumgardner</u>		14. NAME OF HUSBAND OR WIFE <u>Ida M. Stambaugh</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>New Florence Mo</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatative Rt. Ventric. & Heart Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>					
		DUE TO (c) <u>Carcinoma of Stomach?</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>March 5, 1953</u> , to <u>May 30, 1953</u> , that I last saw the deceased alive on <u>May 30, 1953</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jozeflm MD</u>				23b. ADDRESS <u>New Florence Mo</u>		23c. DATE SIGNED <u>6-1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Florence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-1-53</u>		REGISTRAR'S SIGNATURE <u>Jozeflm MD 207-</u>		25. FORENSIC DIRECTOR'S SIGNATURE ADDRESS <u>Shelburne Funeral Home Montgomery City, Mo</u>			

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

700
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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 On

May 30, 1953

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. Boone Sallenger

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.