

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20586**

FILED JUL 1-1953

BIRTH NO. **34138** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **2000** Registrar's No. **205**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Edina</b>	
c. LENGTH OF STAY (in this place) <b>9 hours</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KOH</b>			

3. NAME OF DECEASED (Type or Print) <b>Larry</b>	a. (First) <b>Larry</b>	b. (Middle) <b>Brent</b>	c. (Last) <b>Stutsman</b>	4. DATE OF DEATH (Month) <b>6</b> (Day) <b>23</b> (Year) <b>1953</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>June 22, 1953</b>	9. AGE (In years last birthday) <b>0</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> IF UNDER 12 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XXX</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXX</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Alexander Stutsman, Jr.</b>	13b. MOTHER'S MAIDEN NAME <b>Lois Arlene Vance</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John A. Stutsman, Jr.</b> ADDRESS <b>Edina, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (b) <b>Probable atelectasis</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	DUE TO (c) <b>Medulary failure</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7620</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 **6-22**, 19 **53**, to **6-22**, 19 **53**, that I last saw the deceased alive on **6-22**, 19 **53**, and that death occurred at **12:55A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. O. Reynolds M.D.</b>	23b. ADDRESS <b>KOH, Kirksville, Mo.</b>	23c. DATE SIGNED <b>6-23-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 23, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linnelle cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Edina, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-26-53</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Asst. Dir. Edina Mo</b> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 not

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Miss J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, Mo.

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

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