

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20630**

FILED JUL 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4021 Registrar's No. 0

1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>AUDRAIN</b>	
b. CITY OR TOWN <b>LADDONIA</b>		c. CITY OR TOWN <b>LADDONIA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <b>GEORGE</b> b. (Middle) <b>W</b> c. (Last) <b>STOTTLER</b>			4. DATE OF DEATH <b>6-25-1953</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>3-8-1883</b>
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MANAGER LACROSSE NUMBER CO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>AUDRAIN COUNTY MO.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>ALVIN C. STOTTLER</b>		13b. MOTHER'S MAIDEN NAME <b>WAGNER</b>	14. NAME OF HUSBAND OR WIFE <b>CORA STOTTLER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>488-01-8505</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MR. M.V. SMITH</b> ADDRESS <b>LADDONIA, MO.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 HRS</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE CARDIAC DECOMPENSATION</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYPERTENSION</b>			
DUE TO (c) <b>ATHERIO-SCLEROSIS</b>			
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"/>
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 <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 <b>JUNE</b> , 19 <b>52</b> , to <b>JUNE</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>JUNE 24</b> , 19 <b>53</b> , and that death occurred at <b>3 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>William W. Jones P.O.</b>		23b. ADDRESS <b>Laddonia Mo</b>	23c. DATE SIGNED <b>6-26-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-28-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LADDONIA CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LADDONIA, MO.</b>
DATE REC'D BY LOCAL REG. <b>6-27-53</b>	REGISTRAR'S SIGNATURE <b>Martha</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hilbert Brinkhoff</b> ADDRESS <b>Laddonia</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clyde C. Wilkey

Licensed Embalmer No. 3826

P. O. Address Perry 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.