

XC FILED AUG 6 - 1953
Reg. 111421

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27348

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2071

1. PLACE OF DEATH
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY CARTER

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO. c. LENGTH OF STAY (in this place) 42 DAYS

c. CITY OR TOWN GRANDIN d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

e. STREET ADDRESS (If rural, give location) RTE. # 2 0180
1

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM b. (Middle) M. c. (Last) STUFFLEBEAM

4. DATE OF DEATH (Month) (Day) (Year) 7-27-53

5. SEX 0 MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 4-12-10

9. AGE (In years last birthday) 43
if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (City and State or Foreign Country) BRIAN COUNTY, OKLAHOMA

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN C. STUFFLEBEAM

13b. MOTHER'S MAIDEN NAME MAGGIE PANE

14. NAME OF HUSBAND OR WIFE ALICE STUFFLEBEAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 867 34 3676

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BKS. MO.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HODGKIN'S DISEASE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

201X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 6-15-53, 19____, to 7-27-53, 19____, that I last saw the deceased ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 5:10p m., from the causes and on the date stated above.

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

23b. ADDRESS VA HOSP. JEFF. BKS. MO.

23c. DATE SIGNED 7-28-53

24a. BURIAL CREMATION REMOVAL Train 7-29-53

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY Unk

24d. LOCATION (City, town, or county) (State) Poplar, Bluff, Mo.

DATE REC'D BY LOCAL REG. 7-29-53 REGISTRAR'S SIGNATURE Herbert R. Domb...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 5 1958

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.....
Signature of Student Embalmer

Signed *David Lee Foster*.....

Licensed Embalmer No. *744*.....
P. O. Address *6327 Duane*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.