

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32634

FILED SEP 18 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 106

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| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u> | |
| b. CITY OR TOWN <u>Louisiana</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 Wherman</u> | | d. STREET ADDRESS (If rural, give location) <u>102 Wherman</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvester</u> b. (Middle) <u>-----</u> c. (Last) <u>Stumbaugh</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1953</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>7/13/1868</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u> | IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Pike County, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>David Stumbaugh</u> | 13b. MOTHER'S MAIDEN NAME <u>Ellen (unknown)</u> | 14. NAME OF HUSBAND OR WIFE <u>Iva</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer Stumbaugh, Louisiana, Mo.</u> |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sen. Atherosclerosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) <u>4201</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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I hereby certify that I attended the deceased from 9/8/53, 1953, to 9/10/53, 1953, that I last saw the deceased alive on 9/8/53, 1953, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. W. M. Miller M.D.</u> | 23b. ADDRESS <u>Louisiana, Mo.</u> | 23c. DATE SIGNED <u>Sept 12, 1953</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/12/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Sept 13, 1953</u> | REGISTRAR'S SIGNATURE <u>Bernese Collier</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George O. Payne Louisiana, Mo.</u> |
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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, ~~only~~

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *George O. Wagner*

Licensed Embalmer No. *3773*

P. O. Address *Louisiana*

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.

George O. Wagner

Louisiana
Wagner