

FILED DEC 21 1953

STANDARD CERTIFICATE OF DEATH

State File No. 42616

03 90 1

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5466</u>		Registrar's No. <u>1105</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. <u>GREENE</u>					
b. CITY (If outside corporate limits, write RURAL and give rural, to parish) OR TOWN <u>SPRINGFIELD S. Campbell</u>		c. LENGTH OF STAY (In this place) <u>20 YRS.</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE # 3</u>				e. STREET ADDRESS (If rural, give location) <u>ROUTE # 3</u> 0390					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>			b. (Middle) <u>A.</u>		c. (Last) <u>STAHL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 11, 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>JULY 18 1895</u>		9. AGE (In years) (last birthday) <u>58</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHYSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.D.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PERRY, OKLA.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>EDGAR STAHL</u>			13b. MOTHER'S MAIDEN NAME <u>BLANCHE WILLS</u>			14. NAME OF HUSBAND OR WIFE <u>ABENAI D STAHL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. FRED STAHL SPRINGFIELD, MO.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>		
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Uremia</u>							
		ANTECEDENT CAUSES							
		DUE TO (b) <u>Cardio-renal-vascular disease</u>							
		DUE TO (c) <u>Generalized arteriosclerosis</u>							
		II. OTHER SIGNIFICANT CONDITIONS					(insufficiency.)		
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial hypertension with myocardial</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			<u>442 X</u>		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) (Min.)		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>11-9-</u> , 1953, to <u>12-11-</u> , 1953, that I last saw the deceased alive on <u>12-10-</u> , 1953, and that death occurred at <u>4:25 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. M. Klingner M.D.</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>12-12-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MALTA BEND CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MALTA BEND, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>12-14-53</u>		REGISTRAR'S SIGNATURE <u>Fritz Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. LOHMEYER SPRINGFIELD, MO.</u>					

REC'D 11-22-1934

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.....
Gene Lohmeyer

Licensed Embalmer No. *4934*

P. O. Address.....
Seft, Pa.

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.