

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

433

State File No. ....

FILED JAN 12 1954

BIRTH NO. .... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>8 Days</u>	c. CITY OR TOWN <u>Steedman</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>Callaway Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D.# 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Stulce</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1954</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>Married</u>	8. DATE OF BIRTH <u>Oct-4-1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>	IF UNDER 24 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>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry F. Stulce</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Carver</u>	14. NAME OF HUSBAND OR WIFE <u>Lady Elizabeth Stulce</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>World War # 1</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geo. M. Stulce Steedman, Mo</u>	ADDRESS <u>4012</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute Rheumatic fever - 12 yrs age</u>	DUE TO (c)		
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"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 17, 1953 to Jan. 4, 1954, that I last saw the deceased alive on Jan-4 1954, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Fulton, Mo</u>	23c. DATE SIGNED <u>1-6-54</u>
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	24b. DATE <u>Jan-7-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reform Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Reform Callaway Co. Mo</u>
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DATE REC'D BY LOCAL REG <u>Jan-6-1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>	ADDRESS <u>Fulton, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 22 1954

NOV 21 1954

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 *William E. Grech*

Licensed Embalmer No. *4879*

P. O. Address *Fuller*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.