

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22325**

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

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4072</u>		Registrar's No. <u>27</u>		
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Camden</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Creek, Missouri</u>			c. LENGTH OF STAY (in this place) <u>Years</u>		c. CITY OR TOWN <u>Linn Creek</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>None</u> <span style="float:right">0150 3</span>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>			b. (Middle) <u>Margret</u>		c. (Last) <u>Stamper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1954</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11/3/1886</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Richland, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Holloway</u>			13b. MOTHER'S MAIDEN NAME <u>Dennia Manuel</u>		14. NAME OF HUSBAND OR WIFE <u>Dallas Stamper</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nora Blankenship Richland, Mo.</u>				
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary paralysis</u>  ANTECEDENT CAUSES <u>Massive cerebral hemorrhage</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>One day</u>	
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) <u>331 X</u>				
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>June 2, 1954</u> , to <u>July 9, 1954</u> , that I last saw the deceased alive on <u>July 9, 1954</u> , and that death occurred at <u>12:05 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. Dale Atterburn D.O.</u>				23b. ADDRESS <u>Camdenton, Missouri</u>		23c. DATE SIGNED <u>July 14, 54.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/11/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. View</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, Mo. Rural</u>			
DATE REC'D BY LOCAL REG. <u>July 15-1954</u>		REGISTRAR'S SIGNATURE <u>Zelpha Inaw 42-0</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hedges, Iberia, Mo.</u>		

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 *Walter P. Hedger* .....

Licensed Embalmer No. *14265* .....

P. O. Address *Theriot, Me* .....

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.