

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

36221

BIRTH NO. 28765-54 REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 412 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 Mos</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #1</u>		e. STREET ADDRESS (If rural, give location) <u>RFD #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>GEAN</u> c. (Last) <u>STIDHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24-54</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	
8. DATE OF BIRTH <u>1954-5-25</u>		9. AGE (In years last birthday) <u>4</u>		10. UNDER 1 YEAR <u>29</u> HOURS <u>18</u> MIN.	
10a. USUAL OCCUPATION (If no kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE GIRARDEAU MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>✓</u>					

13a. FATHER'S NAME <u>CLARENCE B. STIDHAM</u>		13b. MOTHER'S MAIDEN NAME <u>NORMAN G. SWEET</u>		14. NAME OF HUSBAND OR WIFE <u>CLARENCE B. STIDHAM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. B. Stidham</u> ADDRESS <u>Chaffee 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</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) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9240</u> <u>18</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>100</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 24 1954 5:20 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Found dead in bed under very heavy covers - Hands up over chest as if trying to free face.</u>	

22. I hereby certify that I attended the deceased from First call after death, that I last saw the deceased alive on 10-19-54, and that death occurred about 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thelma C. Buck-Thompson, M.D. Health Officer</u>		23b. ADDRESS <u>Benton, Mo</u>		23c. DATE SIGNED <u>10-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>10-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Park Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Chaffee Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>M. Stidham - Chaffee Mo</u> ADDRESS			
DATE REC'D BY LOCAL REG. <u>10-30-54</u>		REGISTRAR'S SIGNATURE <u>Maufrey</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>M. Stidham - Chaffee Mo</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED NOV 1 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1184 - 222

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.

Signed A. J. Loberg

Student _____

Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Cape Girardeau

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 this body is not embalmed, fact should be so stated above.