

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 359

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY OR TOWN <u>BONNE TERRE</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>BONNE TERRE HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>530 N. LONG ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>STOTLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1954</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>SEPT. 14, 1893</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Days <u>2</u> IF UNDER 1 MIN. Hours <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILL OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. JOSEPH LEAD CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BONNE TERRE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>JAMES P. STOTLER</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN BRAND</u>		14. NAME OF HUSBAND OR WIFE <u>GERTRUDE STOTLER</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>490-03-1440</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GERTRUDE STOTLER</u> ADDRESS <u>BONNE TERRE MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		unknown	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial pneumonia</u>		7 days	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 11/8, 1954, to 11/16, 1954, that I last saw the deceased alive on 11/16, 1954, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Bonne Terre, Missouri</u>		23c. DATE SIGNED <u>11/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>	
				24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 19, 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Bonne Terre Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

NOV 24 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 *C. J. Claywell*.....

Licensed Embalmer No. *370*.....

P. O. Address *.....*

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.