

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41937**

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 4574

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia Rural Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1 Sedalia Grand ave Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.F.D. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Charles</u> c. (Last) <u>Stoffel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14, 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 25 1901</u>
9. AGE (In years last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor of Routes</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Purity Bakeseries</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Milwaukee Wis.</u>
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. FATHER'S NAME <u>Dominic Stoffel</u>	13b. MOTHER'S MAIDEN NAME <u>Meta Joost</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Louise</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>491-076031</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hazel Stoffel</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, ashenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <u>Sedalia</u>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
11. 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"/>	
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>Sedalia</u>	
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?	
22. I hereby certify that I attended the deceased from <u>Aug 30, 1954</u> , to <u>Dec 14, 1954</u> , that I last saw the deceased alive on <u>12-14, 1954</u> , and that death occurred at <u>6:20 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas Gordon Stauffacher MD</u>		23b. ADDRESS <u>Sedalia Mo.</u>	23c. DATE SIGNED <u>12-15-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
DATE REC'D BY LOCAL REG. <u>12-16-54</u>	REGISTRAR'S SIGNATURE <u>Thoma County Dep. O</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Bros Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

8000

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MAY 21 1955

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
Student Embalmer

Signed KPM Leary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

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.