

FILED MAY 9 1955

# STANDARD CERTIFICATE OF DEATH

State File No. **10889**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Helena</b>		c. LENGTH OF STAY (in this place) <b>Lifetime</b>	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 <b>His home Helena, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>In town</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>Sanford</b> c. (Last) <b>Stucki</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 28, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 17, 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Banker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bank</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Andrew County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Stucki</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche Stucki</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Blanche Stucki</b>	
				ADDRESS <b>Helena, Mo.</b>	

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) <b>Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b>			<b>2 yrs</b>	
		DUE TO <b>Red coronary sclerosis</b>			<b>5 yrs</b>	
		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 <b>4201</b>		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)		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>1-4</u> , 19 <u>54</u> , to <u>April 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 27</u> , 19 <u>55</u> , and that death occurred at <u>2:00A</u> m., from the causes and on the date stated above.					

23a. SIGNATURE <i>Samuel Stucki</i>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Samuel Stucki</b>		23c. DATE SIGNED <b>4-29-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 30, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Helena Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Helena, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>4-30-55</b>		REGISTRAR'S SIGNATURE <i>Lillian Sparks</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Miecherhoffer-Teleman, Inc.</i>		ADDRESS <b>St. Joseph, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1951

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 Raymond W. Moore

Licensed Embalmer No. 4413

P. O. Address St. Joseph,

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.