

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14989

State File No.

FILED MAY 24 1955

BIRTH NO.		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5293</u>		Registrar's No. <u>21</u>					
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Atchison</u>			c. LENGTH OF STAY (in this place) <u>36 yrs.</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				f. STREET ADDRESS (If rural, give location) <u>Gower, Missouri</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Ira Lee</u>			b. (Middle) <u>Stutesman</u>			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 20/1955</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 15/1883</u>			9. AGE (in years) (last birthday) <u>71</u>			if UNDER 1 YEAR Months Days			if UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Stutesman</u>				13b. MOTHER'S MAIDEN NAME <u>Matilda Griffin</u>				14. NAME OF HUSBAND OR WIFE <u>Ella Stutesman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO. <u>X X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ira Stutesman</u>				ADDRESS <u>Gower, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>			
				ANTECEDENT CAUSES (b) <u>Chronic heart disease</u>				<u>10 yrs</u>			
				DUE TO (c)							
				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 <u>241 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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>1946</u> , to <u>May 20, 1955</u> , that I last saw the deceased alive on <u>May 14, 1955</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Mo. Plattburg Mo</u>				23c. DATE SIGNED <u>May 21 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/22/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grayson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trimble, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>May 21-55</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Leavelle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>441-0 Rollins</u>		ADDRESS <u>Wash Edgerton, Mo.</u>					

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

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 *W. L. Roy Money*.....

Licensed Embalmer No. *47*

P. O. Address *15 E 9th*

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.