

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19344**

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **524**

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY OR TOWN BROOKFIELD	c. LENGTH OF STAY (In this place) 10 WKS	c. CITY OR TOWN SUMNER 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION CRAMER REST HOME		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) ALEX STOBAUGH	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH JUNE 14, 1955
--	------------	-------------	-----------	---------------------------------------

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 2, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours
-----------------	---------------------------	---	--------------------------------------	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER-RET	10b. KIND OF BUSINESS OR INDUSTRY RETAIL LUMBER	11. BIRTHPLACE (State or foreign country) MT. AUBURN, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	---	--

13a. FATHER'S NAME JAMES W. STOBAUGH	13b. MOTHER'S MAIDEN NAME MELINDA HILL	14. NAME OF HUSBAND OR WIFE TINA BARNHART THORNE
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. TINA STOBAUGH, SUMNER, MO	ADDRESS
--	-------------------------------------	---	---------

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, asphemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Nephritis		14 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Bed sores		10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 weeks	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4500	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 **1950**, to **June 14, 1955**, that I last saw the deceased alive on **June 14, 1955** and that death occurred at **10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Simpson, M.D.	23b. ADDRESS Brookfield, Mo	23c. DATE SIGNED 6/15/55
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 17, 1955	24c. NAME OF CEMETERY OR CREMATORY LAKESIDE CEM.	24d. LOCATION (City, town, or county) (State) SUMNER, MO
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 6-16-55	REGISTRAR'S SIGNATURE Walter Blum	25. FUNERAL DIRECTOR'S SIGNATURE WRIGHT FUNERAL HOME, BROOKFIELD, MO	ADDRESS
---	--	---	---------

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
Student Embalmer

Signed _____

Harold B. Wright

Licensed Embalmer No. _____

3749

P. O. Address _____

Brownfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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