

No. 300
10.48

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26887
Registrar's No. 545

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038

582
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). b. STATE <u>Mo</u> c. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Yellow Creek Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M. Barney Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) <u>WAYNE STUFFELBEAN</u>			4. DATE OF DEATH <u>Aug - 21 - 1955</u>		
a. (First)		b. (Middle)	c. (Last)		Date (Month) (Day) (Year)

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb - 28 - 1908</u>	9. AGE (In years last birthday) <u>47</u>	10. UNDER 1 YEAR <u>5</u>	11. UNDER 24 HRS. <u>23</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Stuffelbean</u>	13b. MOTHER'S MARDEN NAME <u>Ella Geff</u>	14. NAME OF HUSBAND OR WIFE <u>Helma Stuffelbean</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Helma Stuffelbean</u>	17. ADDRESS <u>Rockville Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>4 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of colon with generalized abdominal metastases</u>		
	DUE TO (c) <u>Ca of colon with generalized abdominal metastases</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Aug 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Aug 19, 1955, to Aug 21, 1955, that I last saw the deceased alive on Aug 21, 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Dufur M.D.</u>	(Degree of title)	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>8-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/23/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-24-1955</u>	REGISTRAR'S SIGNATURE <u>Walter Brown</u>	167-0	FINERAL DIRECTOR'S SIGNATURE <u>J. L. Blacklock</u>	ADDRESS <u>Brookfield Mo</u>
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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

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.