

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30429

State File No.

FILED SEP 28 1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Unknown</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hwy 66 10 Mi W Waynesville</u>)		c. CITY OR TOWN <u>Oklahoma City</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>1925 North East 25th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 66 10 Mi W Waynesville</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roberta</u>	b. (Middle) <u>-</u>	c. (Last) <u>Stadler</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Sept</u> <u>5</u> <u>1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5 1928</u>	9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Food Supervisor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Yonkers New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Arthur L. Gerbhard Sr</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Soons</u>	14. NAME OF HUSBAND OR WIFE <u>Peter Sadler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Peter Sadler</u>	ADDRESS <u>1925 NE 25th St Oklahoma City</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull & Laceration of Brain</u>		MEDICAL CERTIFICATION GENERAL ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>hwy 66 10 Mi W St</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Waynesville</u> (COUNTY) <u>Pulaski</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 5 55 6:45 A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Body thrown from overturning auto</u>
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22. I hereby certify that Roberta Stadler was born _____, 19____, to _____, 19____, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Betty Hedges</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Richland Missouri</u>	23c. DATE SIGNED <u>Sept 6 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 6 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New York City NY</u>
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DATE REC'D BY LOCAL REG. <u>9-6-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hedges Funeral Homes Inc Crocker Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
050-030-0

RECEIVED 9.6.55
Pulaski County Health Officer
File Number 9-26-55
Date Filed 9.26.55

SEP 30 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.....
Signature of Student Embalmer

Signed *Clarence Shoss*

Licensed Embalmer No. 489

P. O. Address *Waynesville*

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.