

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 1955

State File No. 36057

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1250

1. PLACE OF DEATH
a. COUNTY Buchanan
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) most of life
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Missouri Methodist Hospital e. STREET ADDRESS (If rural, give location) 1305 Mitchell Ave. 011/10

3. NAME OF DECEASED a. (First) GEORGE b. (Middle) ABRAHAM c. (Last) STOUFFER 4. DATE OF DEATH Nov. 19, 1955

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH January 28, 1883 9. AGE (in years last birthday) 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist 10b. KIND OF BUSINESS OR INDUSTRY Tablet Factory 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert D. Stouffer 13b. MOTHER'S MAIDEN NAME Fannie S. Smith 14. NAME OF HUSBAND OR WIFE

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. 491-09-2568 17. INFORMANT'S SIGNATURE OR NAME Charles Wurtzler 635 N. 24th, St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c) Arteriosclerosis Gen.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Probably Virus Pneumonia
INTERVAL BETWEEN ONSET AND DEATH
4-5 Day
Yrs.
5-6 Day

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 1955, to 11-19, 1955, that I last saw the deceased alive on 11-19, 1955, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Keller M.D. 23b. ADDRESS St. Joseph, Mo. 23c. DATE SIGNED 11-22-55

24a. BURIAL CREMATION REMOVAL (Specify) burial 24b. DATE 11/21/1955 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Nov. 30, 1955 REGISTRAR'S SIGNATURE 485 Esther M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weston Bowman St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *William Spalding*.....
Licensed Embalmer No. *4525*

P. O. Address *395 11th St*

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.