FILED MAR 12 1956

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4104

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Haguewood Hos.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Christian
c. CITY OR TOWN: Ozark
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Ozark, Missouri

0220

3. NAME OF DECEASED (Type or Print)
a. (First): Coy
b. (Middle):
c. (Last): Stumpff

4. DATE OF DEATH (Month) (Day) (Year): Mar. 5, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 6, 1938
9. AGE (In years last birthday): 18
IF UNDER 1 YEAR: Months / Days / IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filling Station Attendant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Earnest Stumpff
13b. MOTHER'S MAIDEN NAME: Wilhelmma Bradley
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Earnest Stumpff, Ozark, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Two Gunshot Wounds in chest (32 Cal. slugs) — INTERVAL BETWEEN ONSET AND DEATH: Possibly few seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: 981X
20. AUTOPSY? YES [ ] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Service Station
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Finley Twsp. Christian Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-5-1956 (approx. 2:30 P.m.?)
21e. INJURY OCCURRED WHILE AT WORK [✓] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Coroner's Jury statement "by gunshot wound at the hands of person or persons unknown"

22. *I hereby certify that I attended the deceased from* ——, 19——, *to* ——, 19——, *that I last saw the deceased alive on* ——, 19——, *and that death occurred at* —— *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glean Harris
(Degree or title): Coroner Christian County
23b. ADDRESS: Clever, Missouri
23c. DATE SIGNED: March 8-1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 9, 1956
24c. NAME OF CEMETERY OR CREMATORY: Clio Cemetery
24d. LOCATION (City, town, or county) (State): Barry Co. Mo.

DATE REC'D BY LOCAL REG.: Mar 10-1956
REGISTRAR'S SIGNATURE: Lauetta Leonard 59-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: T. B. Chaffin Ozark, 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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.