

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 24 1956

State File No.

BIRTH NO.		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton Same</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY OR TOWN <u>Norborne R.R.I.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural rout I.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Francis</u>		c. (Last) <u>Stamm</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 7, 1882</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 14 HRS. Hours <u>0</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Own Farm</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John William Stamm</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Appledy</u>		14. NAME OF HUSBAND OR WIFE <u>Anna May Stamm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Anna May Stamm</u> <u>Norborne, Mo</u>				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> ANTECEDENT CAUSES <u>Atherosclerosis + stroke</u> DUE TO (b) <u>Sclerosis</u> <u>Diabetes</u> DUE TO (c) <u>Nephritis</u> <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>10 yrs</u> <u>15 yrs</u> <u>24 hrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		260x		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Apr 9</u> , 19 <u>56</u> , <u>April 13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>56</u> and that death occurred at <u>7:45</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Elyse Bales</u>				23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>4-14-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 15/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4/14/56</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Deitch Jr.</u>		ADDRESS <u>Norborne</u>		

(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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John G Deitch.....
Licensed Embalmer No. 479

P. O. Address

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.