

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37755**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **172**

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY _____	
b. CITY OR TOWN TRENTON	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION WRIGHT MEMORIAL HOSP.		e. STREET ADDRESS (If rural, give location) 8 SOUTH 16 TH. 3269	

3. NAME OF DECEASED (Type or Print)	a. (First) Billy	b. (Middle) Frank	c. (Last) Stamper	4. DATE OF DEATH (Month) (Day) (Year) 12 1 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 3 1933	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY FIBER GLASS	11. BIRTHPLACE (City and State or Foreign Country) MILL GROVE MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EVERETT STAMPER	13b. MOTHER'S MAIDEN NAME MARY HOMES	14. NAME OF HUSBAND OR WIFE HELEN STAMPER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR 2	16. SOCIAL SECURITY NO. 500-36-2591	17. INFORMANT'S SIGNATURE OR NAME EVERETT STAMPER ADDRESS SPICKARD MO.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple internal injuries		DUE TO (b) Nature undiagnosed
	ANTECEDENT CAUSES Morbid conditions, if any, giving 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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Trenton 04. Grundy MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 1 1956 11:45	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident
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22. I hereby certify that I attended the deceased from ~~Dec 1~~ **Dec 1, 1956** to **only**, 19____, that I last saw the deceased alive on **Dec. 1**, 19**56** and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David M. Witten, M.D.	23b. ADDRESS 1300 Main, Trenton, Mo.	23c. DATE SIGNED Dec. 1, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC-4-1956	24c. NAME OF CEMETERY OR CREMATORY MILL GROVE CEM.	24d. LOCATION (City, town, or county) (State) MILL GROVE MO.
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DATE REC'D BY LOCAL REG. 12-4-56	REGISTRAR'S SIGNATURE Drene Furr	25. FUNERAL DIRECTOR'S SIGNATURE SCHOOLER FUNERAL HOME ADDRESS SPICKARD MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

831
JUN 2 1956

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 *Ross Wise*.....

Licensed Embalmer No. *3771*.....

P. O. Address *Spickard*.....

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.