

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11764

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4481</u>		Registrar's No. <u>110</u>				
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>						
b. CITY OR TOWN <u>Gorin</u>		c. LENGTH OF STAY (in this place) <u>entire life</u>		c. CITY OR TOWN <u>Gorin</u> <u>0990</u>		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 _____				e. STREET ADDRESS (If rural, give location) _____						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Stoll</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1957</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>September 9, 1878</u>				
9. AGE (In years last birthday) <u>78</u>		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) <u>retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland County, Missouri</u>				
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>John L Stoll</u>		13b. MOTHER'S MAIDEN NAME <u>Mary S. Tripps</u>		14. NAME OF HUSBAND OR WIFE <u>Cradie Stoll Gorin</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Cradie Stoll, Gorin, Mo</u>			ADDRESS _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					DUE TO (b) <u>Arteriosclerosis</u>		10 yrs	
		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? <u>0</u> YES <input type="checkbox"/> NO <input 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) _____		21d. (COUNTY) _____		21e. (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <u>3-7-1957</u> to <u>3-24-1957</u> , that I last saw the deceased alive on <u>3-24-1957</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>L. E. Lowe</u> (Degree or title) <u>D. O. P.</u>				23b. ADDRESS <u>Memphis Mo</u>				23c. DATE SIGNED <u>3-26-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 26, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gorin</u>		24d. LOCATION (City, town or county) <u>Gorin, Missouri</u>		(State) _____		
DATE REC'D BY LOCAL REG. <u>3-30-57</u>		REGISTRAR'S SIGNATURE <u>Uera G. Purnee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kertha Baskett</u>		ADDRESS <u>Memphis Mo</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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Albert C Gesth* .....

Licensed Embalmer No. *4257* .....

P. O. Address *Memphis* .....

**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.**