

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20180

STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 631

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, give TOWNSHIP only) OR TOWN ST. Joseph		Inside Limits Yes/ No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		0117 0 Inside Limits Yes/ No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 McDonald St.		Length of stay in lb All of life	d. STREET ADDRESS 702 McDonald St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST CLYDE SUMMERS STOUFFER			4. DATE OF DEATH Month Day Year June 7 1957		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White <input checked="" type="checkbox"/>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 9 1886	9. AGE (In years by birthday) 70 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (ret)		10b. KIND OF BUSINESS OR INDUSTRY Hardware retail	11. BIRTHPLACE (City and state or country) St. Joseph Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Joseph Stouffer			14. MOTHER'S MAIDEN NAME Mattie Summers		
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. 500-20-8453	17. INFORMANT Mrs. Clara E. Stouffer		Address St. Joseph Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Arteriosclerosis gen. & severe</u>					6 years
DUE TO (c) <u>mental changes</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 1955</u> to <u>7 June 1957</u> and last saw <u>her</u> him alive on <u>7 June 1957</u> Death occurred at <u>10:00</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. Motherhead M.D.</u>			22b. ADDRESS <u>2603 Fredrich Ave.</u>		22c. DATE SIGNED <u>6-8-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 11, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
24. FUNERAL DIRECTOR <u>Stamen Funeral Home</u>		ADDRESS <u>St. Joseph Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 12, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>

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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 *Charles E. Bennett*

Licensed Embalmer No. *46*

P. O. Address *St. Joseph*

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