

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027481
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5332

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ellis Grove 5/12/08		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon			Length of stay in 1b 1 day	d. STREET (If outside, give location) ADDRESS R. F. D. One			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DEBORAH Middle LOUISE Last STIRNAMAN				4. DATE OF DEATH Month May Day 16 Year 1958			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 1, 1956		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Potter County, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Charles Wesley Stirnman				14. MOTHER'S MAIDEN NAME Cora ANN Greathouse			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Cora ANN Greathouse Ellisgrove, Ill			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILURE CONDITIONS WHICH GIVE RISE TO ABOVE CAUSE (b) Endocardial Fibroelastosis of Heart STATE THE UNDERLYING CAUSE (c) 754.4 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH Congestive	
20a. ACCIDENT <input checked="" 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.)					
21. I attended the deceased from 16 May 58 to 16 May 58 and last saw her alive on 16 May 58 Death occurred at 1:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) James R. Dausch, M.D.					
22b. ADDRESS 950 Francis Place Clayton Mo.		22c. DATE SIGNED 5/19/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5-19-58.	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Chester, Illinois		
24. FUNERAL DIRECTOR Welge		ADDRESS Chester, Illinois		25. DATE RECD. BY LOCAL REG. MAY 20 1958		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

Health, & Welfare Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Homer H. [Signature]*

Licensed Embalmer No. *38*

P. O. Address *St. L.*

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.