

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028140

STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 14 Primary Registration District No. 4029 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MindenMines, Mo.		c. CITY OR TOWN MindenMines	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First David Middle Westley Last Stamback			4. DATE OF DEATH Month 8 Day 28 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-9-1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal Mines	11. BIRTHPLACE (City and state or country) Osawatomie, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME David Stamback	13b. MOTHER'S MAIDEN NAME Irene Belle	14. NAME OF HUSBAND OR WIFE Deceased	

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. None	17. INFORMANT Hazel Goodeyon--daughter Address Osawatomie, Ks.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Throat		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		148X
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) No injury	
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
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21. I attended the deceased from **8/21/58** to **August 28, '58** and last saw **him** alive on **August 28, 1958**
Death occurred at **8P.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. G. Eddleman (Degree or title)	22b. ADDRESS M.D. Liberal, Missouri	22c. DATE SIGNED 8-29-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-31-1958	23c. NAME OF CEMETERY OR CREMATORY Indianapolis Cemetery	23d. LOCATION (City, town, or county) (State) Osawatomie Kansas
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24. FUNERAL DIRECTOR Melba J. Montanye ADDRESS Hulberry, Ks.	25. DATE RECD. BY LOCAL REG. August 30, 1958	26. REGISTRAR'S SIGNATURE Charlotte McDowell
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

60
S. 300
1-57

60
6
152

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 *W. Smith*

Licensed Embalmer No. *3969*

P. O. Address *Perry, Va*

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.