

Health, Welfare Public Service

THE DIVISION OF HEALTH AND HOSPITALS  
STANDARD CERTIFICATE OF DEATH

58-045188  
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 282 Primary Registration District No. Registrar's No. 148

300 3  
1-57

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Rural- Madison</b> TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bolivar</b> 08410 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Car wreck</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>L.</b> Last <b>Stalker</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>21</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>March 5, 1922</b>
10a. USUAL OCCUPATION (Give kind of work done during most of preceding year, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>construction</b>	9. AGE (In years birthday) <b>37</b>
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Roland Lee Stalker</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah E. Ayres</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>Yes W.W.2</b>	
16. SOCIAL SECURITY NO. <b>493-16-1123</b>		17. INFORMANT Address <b>Mrs. Pauline Crain, Bolivar, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>broken neck</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Crushing Head Injuries</b> DUE TO (c) _____ 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 <b>sudden</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <b>One Car Wreck on Highway 32 - 2nd</b>		20c. TIME OF INJURY Hour Month, Day, Year <b>West fairly 2ms. 084</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (s.g., if or about home, farm, factory, street, office bldg., etc.) <b>Polk Co. Mo.</b>	
20f. CITY, TOWN, OR LOCATION <b>Polk Co. Mo.</b>		21. I attended the deceased from Death occurred at <b>12:15 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Edney Pitts - coroner</b>		22b. ADDRESS <b>Bolivar, Mo</b>	
22c. DATE SIGNED <b>Dec. 21-58</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
23b. LOCATION (City, town, or county) <b>Bolivar Mo.</b>		23c. DATE RECD. BY LOCAL REG. <b>Dec. 26, 1958</b>	
23d. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		23e. LOCATION (City, town, or county) <b>Bolivar Mo.</b>	
24. FUNERAL DIRECTOR <b>Pitts Funeral Home - Bolivar, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Ralph Henderson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be noted. All diseases in Part I must be causally related.

MAR 3 1959

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 *Lidney J. Pitts* .....

Licensed Embalmer No. *4939* .....

P. O. Address *Bolivar, Pa.* .....

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.