

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047051

STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 374 Primary Registration District No. 4547 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Grant City 1130 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grant City Nursing Home		Length of stay in 1b 2 wks	d. STREET ADDRESS (If outside, give location) 603 West Third Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Benjamin Middle Adolf Last Stettler			4. DATE OF DEATH Month December Day 31 , Year 1958		
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5. SEX Male	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 Jan. 7, 1875	9. AGE (In years birthday) 83	10. FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	11. BIRTHPLACE (City and state or country) Worth County	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Benjamin Adolf Stettler	13b. MOTHER'S MAIDEN NAME Malinda Jane Shoulder	14. NAME OF HUSBAND OR WIFE Never Married
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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 Henry Stevens - Grant City, Missouri
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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) ACUTE CARDIAC FAILURE		INTERVAL BETWEEN ONSET AND DEATH 7 HOUR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) HYDROTHORAX AND ACITES	1 MONTH
	DUE TO (c) CARCINOMA HEAD of PANCREAS METASTASIS	1 YEAR +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MARKED JAUNDICE		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18): 157X
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20c. TIME OF INJURY Hour 3:40 Month A Day A Year 1958	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 GRANT CITY MO.	COUNTY	STATE
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21. I attended the deceased from DEC 10, 1958 to DEC. 31, 1958 and last saw her/him alive on DEC 30, 1958 Death occurred at 3:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Richard J. Smith D.D. 2	22b. ADDRESS GRANT CITY MO.	22c. DATE SIGNED 12-31-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 2, 1959	23c. NAME OF CEMETERY OR CREMATORY Allendale Cemetery	23d. LOCATION (City, town, or county) (State) Allendale, Missouri
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24. FUNERAL DIRECTOR Bill Dwyer - Grant City	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-7-58	26. REGISTRAR'S SIGNATURE Bowden Kibbe
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Bill A. Dunfee*

Licensed Embalmer No. *4902*

P. O. Address *Grant Co. Missouri*

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.