THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001859
STATE FILE NUMBER

FILED JAN 29 1959

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL HOSP. — Length of stay in 1b: 6 WKS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JEFFERSON
c. CITY OR TOWN BARNHART, MO. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) HIGHWAY #61-67 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle F. Last STOCKAMP
4. DATE OF DEATH Month JAN. Day 19 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH MAR. 5, 1886
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY USED FURNITURE
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME WILLIAM STOCKAMP
14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT WILLIAM G. STOCKAMP, Address R.R. #2, IMPERIAL, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Unknown
DUE TO (c) Generalized arteriosclerosis — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Benign Prostatic Hypertrophy 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Dec 2, 1958, to Jan 19, 1959 and last saw him alive on Jan 19, 1959
Death occurred at 1:25 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. L. Mansfield, M.D. (Degree or title)
22b. ADDRESS Crystal City, Mo
22c. DATE SIGNED 1/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-22-59
23c. NAME OF CEMETERY OR CREMATORY ANTONIA
23d. LOCATION (City, town, or county) ANTONIA (State) MO.
24. FUNERAL DIRECTOR James R. Cady ADDRESS CRYSTAL CITY, MO.
25. DATE RECD. BY LOCAL REG. 1-21-59
26. REGISTRAR'S SIGNATURE Irene G. Brighton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 27 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James Richard Cady

Licensed Embalmer No. 4

P. O. Address CRYSTAL

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.