

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002064
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 195 Primary Registration District No. Registrar's No. 1-58

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McDonald Twp.		c. CITY R.F.D Rocky Comfort OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S*W Stella		d. STREET ADDRESS S*W Stella	
Length of stay in 1b 5 yrs.		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MARION FRANK STUMPF			4. DATE OF DEATH Month Jan. Day 1 Year 1959		
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 April 1, 1872	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Dade Co., Missouri	
13. FATHER'S NAME Francis Marion Stumpff			14. MOTHER'S MAIDEN NAME Sarah C. Moore		
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 Address Mrs. Frank G. rrett,	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic nephritis		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) _____		
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"/> 2

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.) 592 X
20c. TIME OF INJURY Hour 6:30 P. Month, Day, Year	

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 Cassville, Missouri	COUNTY Barry	STATE Missouri
21. I attended the deceased from 1957 to Jan 1 1959 and last saw her him alive on Jan 1 1959 Death occurred at 6:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Deegee or title) Blenneth Dalger M. D.		22b. ADDRESS Cassville, Missouri		22c. DATE SIGNED 1-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-5-58	23c. NAME OF CEMETERY OR CREMATORY Mineral Springs Cem.	23d. LOCATION (City, town, or county) (State) Barry County, Missouri
--	----------------------------	---	--

24. FUNERAL DIRECTOR Doyle W. Williamson, Cassville	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan. 5, 1959	26. REGISTRAR'S SIGNATURE Mary G. Bentley
---	---------	---	---

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 22 1907

JAN 19

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 *J. E. Williamson*.....

Licensed Embalmer No. *48*

P. O. Address *Cassville*

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.