

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002617
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>St. Francis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Muscow</i> COUNTY <i>Washington</i>	
b. CITY OR TOWN <i>Bonne Terre</i> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Bretton Twp. Mo.</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSITUATION <i>Bonne Terre Hosp & San.</i>		d. STREET ADDRESS (If outside, give location) <i>7 mi E. Potosi</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Robert Edward Stinger</i>			4. DATE OF DEATH Month Day Year <i>Jan. 6 1959</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 2 1959</i>	9. AGE (years last birthday) IF UNDER 1 YEAR Months Day Hours Min. <i>4</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Bonne Terre Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Robert E. Stinger</i>	13b. MOTHER'S MAIDEN NAME <i>Freda Nettler</i>	14. NAME OF HUSBAND OR WIFE -
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Freda Stinger</i>	Address <i>Mineral Point Mo.</i>
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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) <i>prematurity</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
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"/>

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.)
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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 <i>1-6-59</i> to <i>1-6-59</i> and last saw ^{her} _{him} alive on <i>1-6-59</i> Death occurred at <i>11-25 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>David Luther Spahr MD</i>	22b. ADDRESS <i>Bonne Terre Mo.</i>	22c. DATE SIGNED <i>1-8-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-7-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sun Set Hills Am</i>	23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
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24. FUNERAL DIRECTOR <i>Mrs Luther Spahr Potosi Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Jan. 8, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Murphy L. Spence*

Licensed Embalmer No. *4256*

P. O. Address *Flat 1111, W*

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.