

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004930  
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 68

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Alton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Penitentiary</u>		d. STREET ADDRESS (If outside, give location) <u>R.R.#2 Alton, Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>Stotler</u> Last <u>Stotler</u>		4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 4, 1930</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	9. AGE (In years, last birthday) <u>28</u>
11. BIRTHPLACE (City and state or country) <u>Alton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R. P. Stotler</u>		13b. MOTHER'S MAIDEN NAME <u>Ade Hollis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>J. Q. Clary, Alton, Missouri</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death Caused By Hanging</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Man attacked bed sheet he rafted in prison cell &amp; apparently jumped off bed with sheet about his neck.</u>	
20c. TIME OF INJURY Hour <u>7:30</u> a.m. Month, Day, Year <u>3/9/59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo. State Prison.</u>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		20e. CITY, TOWN, OR LOCATION <u>Jefferson City - Cole, Mo.</u>	
22a. SIGNATURE <u>Arthur G. Hollis, Coroner Cole County</u>		22b. ADDRESS <u>630 Adams St. Jefferson City, Mo</u>	
22c. DATE SIGNED <u>3/9/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 13, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hollis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Oregon County, Missouri</u>
24. FUNERAL DIRECTOR <u>Thorpe J. Gordon Jefferson City</u>		25. DATE RECD. BY LOCAL REG. <u>10 March 1959</u>	
		26. REGISTRAR'S SIGNATURE <u>R. P. Davis, Md-7R</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 27 1958

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 *Gideon W. Houser* .....

Licensed Embalmer No. *4579* .....  
P. O. Address *Jefferson City* .....

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.