Dept. Health, Duc., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020411
STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. _____ Primary Registration District No. 3006 Registrar's No. 278

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Un. of Mo. Med. Center — Length of stay in 1b: 3 DAYS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Moniteau
c. CITY OR TOWN: Wooldridge — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Emil Middle: Ferdinand Last: Stock

4. DATE OF DEATH: Month 6 Day 26 Year 59

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 3-18-88

9. AGE (In years last birthday): 71 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Moniteau Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: August Stock
13b. MOTHER'S MAIDEN NAME: Margaret Schelb
14. NAME OF HUSBAND OR WIFE: Rose Stock

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.: 496-18-5737
17. INFORMANT: Hospital Records Un. of Mo. Med. Address: Columbia, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): ? VENTRICULAR FIBRILLATION — INTERVAL BETWEEN ONSET AND DEATH: 1-2 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE WITH AORTIC STENOSIS — >1 YEAR
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CHRONIC MYELOGENOUS LEUKEMIA 4200H

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 6/23/59, to 6/26/59 and last saw him alive on 6/26/59
Death occurred at 11:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Sanders (Degree or title): MD
22b. ADDRESS: Univ. of Mo. Med Center
22c. DATE SIGNED: 6/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/27/1959
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove Luth.
23d. LOCATION (City, town, or county) (State): Granite Home, Mo

24. FUNERAL DIRECTOR ADDRESS: Lyman Sprinkle, Columbia Mo
25. DATE RECD. BY LOCAL REG.: June 27, 1959
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

31

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 .....

Licensed Embalmer No. 4013

P. O. Address Columbia, MO

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.