

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001236

FILED VS JAN 19 1960

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BETHANY</u>		Length of stay in 1b <u>5 DAYS</u>		c. CITY OR TOWN <u>EAGLEVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Reid Hosp & Clinic</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>NONE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Gustaf</u> Middle <u>NMI</u> Last <u>Stobbe</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>6</u> Year <u>1960</u>						
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 28, 1882</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>Gottlieb Stobbe</u>			13b. MOTHER'S MAIDEN NAME <u>Charbetto Weisenborn</u>			14. NAME OF HUSBAND OR WIFE <u>Maria Stobbe</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1898-1901</u>			16. SOCIAL SECURITY NO. <u>553-38-6701</u>		17. INFORMANT <u>Maria Stobbe, Eagleville, Mo.</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>Intestinal Obstruction (ileum)</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Abdominal Carcinomatosis</u>								<u>6 months</u>		
DUE TO (c) <u>Papillary Adenocarcinoma Stomach</u>								<u>3 years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive Heart Disease</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>----</u>								
20c. TIME OF INJURY Hour _____ p.m. _____		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		COUNTY		STATE		
21. I attended the deceased from <u>1/1/60</u> to <u>1/6/60</u> and last saw ^{him} alive on <u>1/1/60</u> Death occurred at <u>1:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>Sumner Anthony</u> (Degree or title)				22b. ADDRESS <u>D.O. Bethany, Missouri</u>				22c. DATE SIGNED <u>1/8/60</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>JAN 9, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC Crematory</u>		23d. LOCATION (City, town, or county) <u>Eagleville, Mo.</u>					
24. FUNERAL DIRECTOR <u>Gerald W. Beggess, Eagleville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 9-1960</u>		26. REGISTRAR'S SIGNATURE <u>Gella Mayey</u>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 21

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision. ---

Student _____
Signature of Student Embalmer

Signed Gerald W. Boggs

Licensed Embalmer No. 4762

P. O. Address Eaglehill

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.