

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007685

FILED VS FEB 25 1960

INDEXED

Registration District No. 292 Primary Registration District No. 292 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ralls.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ralls.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saltriver Township.		Length of stay in 1b		c. CITY OR TOWN Perry, Mo. RFD.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry, Mo. RFD.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Saltriver Township.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H. STULLER.				4. DATE OF DEATH Month Day Year February 17, 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-12-73	
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days 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) Taney Co, Iowa.		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Hesikah Stuller.		13b. MOTHER'S MAIDEN NAME Mary D. Bolack.	
14. NAME OF HUSBAND OR WIFE Mary A. Stuller.		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.		17. INFORMANT Address Kenneth Stuller. Perry, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thromboses DUE TO (b) arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 22 hr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 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.)			
20c. TIME OF INJURY Hour a.m. 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 Feb. 17, 1960 to Feb. 17 and last saw him alive on Feb. 17 Death occurred at 5:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE E. T. Swan (Degree or title) D.O.			
22b. ADDRESS Perry, Missouri.				22c. DATE SIGNED 2-19-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-19-60		23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery.		23d. LOCATION (City, town, or county) (State) Ralls County, Mo.	
24. FUNERAL DIRECTOR Clyde. Weisay ADDRESS Perry, Mo.				25. DATE RECD. BY LOCAL REG. 2-19-60		26. REGISTRAR'S SIGNATURE Clyde. Weisay	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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 _____

Clyde C. Wisbey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.