

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010146

FILED VS. APR 5 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 101

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>813 Jefferson</u> Length of stay in 1b <u>1 Year</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>813 Jefferson</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u> c. CITY OR TOWN <u>Fulton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>813 Jefferson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First <u>Gordon</u> Middle <u>Wallace</u> Last <u>Stollard</u>				4. DATE OF DEATH Month <u>March</u> Day <u>28</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>Jan. 11, 1874</u>		9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired Mail Carrier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Rural Mail Carrier</u>				11. BIRTHPLACE (City and state or country) <u>Callaway County, Mo. USA</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Mortimer Stollard</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Virginia Cerry</u>				14. NAME OF HUSBAND OR WIFE <u>Margaret Stollard</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. <u>none</u>				17. INFORMANT <u>Margaret Stollard</u> , <u>Fulton, Mo.</u>							
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>Acidosis + Covid</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Dehydration</u> DUE TO (c) <u>Chronic Brain syndrome</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 mos.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Myocardial infarct Aug. 60</u> <u>Recurrent broncho pneumonia</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 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 <u> </u> Month, Day, Year <u> </u>				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>Jan 20, 60</u> to <u>March 28, 60</u> and last saw him alive on <u>March 28, 60</u> Death occurred at <u>10:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>George W. Groce, M.D.</u>								22b. ADDRESS <u>Fulton, Mo.</u>				22c. DATE SIGNED <u>3-29-60</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>				23b. DATE <u>Mar. 31, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mokane Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u>					
24. FUNERAL DIRECTOR ADDRESS <u>Marylin Funeral Home, Fulton, Mo.</u>								25. DATE RECD. BY LOCAL REG. <u>Apr 2-1960</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 20 1960

JAN 29 1960

NOV 1 1959

MAY 6 1960

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 Marshall G. Blackwell

Licensed Embalmer No. 4713

P. O. Address Fulton, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.