

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018960

FILED VS MAY 16 1960

STATE FILE NUMBER

Registration District No. 15-116 Primary Registration District No. 3020 Registrar's No. 103

ENDED

|  |  |   |  |   |  |  |   |   |                                    |  |  |  |  |
|--|--|---|--|---|--|--|---|---|------------------------------------|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Franklin</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>                 |  |  |   |   |                                    |  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Washington</b>   |  | Length of stay in 1b  |  | c. CITY OR TOWN <b>St. Clair</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |   |                                    |  |  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>Star Rt.</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |                                    |  |  |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ROBERT</b> Middle <b>GEORGE</b> Last <b>STAHLMAN</b>   |  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>10</b> Year <b>1960</b>                  |   |  |  |   |   |                                    |  |  |  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>Aug. 5, 1893</b>   |   | 9. AGE (last birthday) <b>67</b>                |                                    | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>2</b> |  | IF UNDER 24 HR<br>Hours <b></b> Min. <b></b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Kroger Manager</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Kroger Store</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Clair, Missouri</b>             |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>       |                                    |  |  |  |  |
| 13a. FATHER'S NAME<br><b>John Stahlman</b>   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Catherine Angerer</b>   |  |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Ethel</b>     |                                    |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  |   |  | 16. SOCIAL SECURITY NO.<br><b>493-03-1416</b>   |  | 17. INFORMANT Address<br><b>Mrs. Joan Short St. Clair, Missouri</b>                  |   |   |                                    |  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Cardiac decompensation</b><br>DUE TO (b) <b>Acute myocardial infarction</b><br>DUE TO (c) <b>Hypertensive arteriosclerosis</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |   |  |  |   |   |                                    | INTERVAL BETWEEN ONSET AND DEATH                 |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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.)  |  |  |   |   |                                    |  |  |  |  |
| 20c. TIME OF INJURY<br>Hour <b></b> Month, Day, Year <b>May 9, 1960</b><br>a.m. <b></b> p.m. <b></b>   |  | 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<br><b>Washington, Missouri</b>                          |   | COUNTY  |                                    | STATE  |  |  |  |
| 21. I attended the deceased from <b>May 9, 1960</b> to <b>May 10, 1960</b> and last saw <b>xx</b> him alive on <b>May 10, 1960</b><br>Death occurred at <b>1:54 a.m. 5/10/60</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |  |   |   |                                    |  |  |  |  |
| 22a. SIGNATURE (In case or title)<br><i>[Signature]</i>  |  |   |  |   |  | 22b. ADDRESS<br><b>Washington, Missouri</b>  |   |   | 22c. DATE SIGNED<br><b>5/11/60</b> |  |  |  |  |
| 23a. BURIAL, CREMATION, or DISPOSAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>5/12/60</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Green Mound Cem.</b>   |  |  | 23d. LOCATION (City, town, or county)<br><b>St. Clair, Missouri</b>                   |   |                                    | (State)  |  |  |  |
| 24. FUNERAL DIRECTOR<br><i>[Signature]</i>   |  |   |  | ADDRESS<br><b>St. Clair, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>5/11/60</b>                                       |   | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |                                    |  |  |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 18 1960

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 Sherwood H. Kitchel

Licensed Embalmer No. 3873

P. O. Address St. Clair,

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.