MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1 1961

-61-002454
STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 4

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: PERRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: PERRYVILLE — Length of stay in 1b: 9 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PERRY CO MEMORIAL — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First HENRY Middle Last STOLL
4. DATE OF DEATH: Month JAN Day 12 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/8/78
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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:
11. BIRTHPLACE (City and state or country): RIVER AUX VASES MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: XAVIER STOLL
13b. MOTHER'S MAIDEN NAME: BARBARA TRAUTMAN
14. NAME OF HUSBAND OR WIFE: MARTHA GRIESHABER
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.:
17. INFORMANT: August Stoll Rivr aux Vases Mo

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): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart Disease. — indefinite
DUE TO (c): Generalized arteriosclerosis — years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute Cholecystitis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Jan. 7, to Jan. 12 and last saw ~~her~~ him alive on Jan 12 - 1961
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: Ste Genevieve Mo
22c. DATE SIGNED: Jan 13/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/15/61
23c. NAME OF CEMETERY OR CREMATORY: ST PHILLIP & JAMES
23d. LOCATION (City, town, or county) (State): RIVER AUX VASES MO

24. FUNERAL DIRECTOR: Leo C. Barbe Sr. — ADDRESS: Genevieve Mo
25. DATE RECD. BY LOCAL REG.: 1-14-61
26. REGISTRAR'S SIGNATURE: Jos J Zoellner

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Adrian J. Ethier

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.