

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 82 Primary Registration District No. 4144 Registrar's No. 0034643 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pilot Grove</u>		Length of stay in 1b <u>15 yrs</u>	c. CITY OR TOWN <u>Pilot Grove</u>
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>_____</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>_____</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MAMIE LOUISE STOECKLEIN</u>			4. DATE OF DEATH Month Day Year <u>Sept 17, 1964</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</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>April 17, 1892</u>
9. AGE (last birthday) <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>hairdresser</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>
11. BIRTHPLACE (City and state or country) <u>Blackwater, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wright Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kramer</u>	
13c. NAME OF HUSBAND OR WIFE <u>Atto Stocklein</u>		14. NAME OF HUSBAND OR WIFE <u>Atto Stocklein, Pilot Grove, MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war & dates of service <u>_____</u>		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT <u>Atto Stocklein</u>		Address <u>Pilot Grove, 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>Acute Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hours</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			<u>known</u>
DUE TO (c) <u>_____</u>			<u>_____</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>_____</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.) <u>_____</u>	
20c. TIME OF INJURY Hour a.m. p.m. 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.) <u>_____</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>_____</u>	
21. I attended the deceased from <u>6-27-64</u> to <u>9-1-64</u> and last saw her/him alive on <u>9-1-64</u> . Death occurred at <u>12:45 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William A. Alch</u> (Degree of title) <u>MO</u>		22b. ADDRESS <u>329 Main St. Boonville, MO</u>	
22c. DATE SIGNED <u>9-18-64</u>		23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Sept 19, 1964</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>	
23d. LOCATION (City, town, or county) <u>Pilot Grove MO</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>Hays Painter</u>		25. DATE RECD. BY LOCAL REG. <u>9/19/64</u>	
ADDRESS <u>Pilot Grove, MO</u>		26. REGISTRAR'S SIGNATURE <u>Stoecker</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.