

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13342**

BIRTH NO. _____ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **4350** Registrar's No. **7**

1. PLACE OF DEATH
 a. COUNTY **Morgan**
 b. CITY (If outside corporate limits, write RURAL and give township) **Syracuse**
 c. LENGTH OF STAY (in this place) **11 mths**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Myers Nursing Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Moniteau**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **S.E. of Tipton** **0680**
 d. STREET ADDRESS (If rural, give location) **6 mi. S.E.**

3. NAME OF DECEASED
 a. (First) **GEORGE** b. (Middle) **D.** c. (Last) **STAHL**

4. DATE OF DEATH (Month) (Day) (Year)
April 22, 1951

5. SEX **Male** **6. COLOR OR RACE** **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Aug. 1, 1870

9. AGE (In years last birthday) **80** **# UNDER 1 YEAR** **8** **Days** **21** **# UNDER 12 HRS.** **-** **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 (State or foreign country) **N.E. of Syracuse**

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
William Stahl

13b. MOTHER'S MAIDEN NAME
Mary Arnold Stahl

14. NAME OF HUSBAND OR WIFE
Leona Milburn Stahl

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.
None

17. INFORMANT'S SIGNATURE OR NAME **ADDRESS**
Clarence Stahl, Tipton, Mo.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pneumonia (Bronchial)**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Myocardial Infarction (Recurrent)** **1 yr.**
 DUE TO (c) **Arteriosclerosis** **5 yrs.**

INTERVAL BETWEEN ONSET AND DEATH
3 Days
5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4221

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1951, to April 22, 1951, that I last saw the deceased alive on April 20, 1951, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
P. F. Schubert

23b. ADDRESS
Tipton, Mo.

23c. DATE SIGNED
4-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
April 23, '51

24c. NAME OF CEMETERY OR CREMATORY
Mt. Mariah Cem.

24d. LOCATION (City, town, or county) (State)
S.E. Tipton, Moniteau, Mo.

DATE REC'D BY LOCAL REG.
5/9/51

REGISTRAR'S SIGNATURE
Myrta Hetsenpeller

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**
Richard D. Conn, Tipton, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

710
4

RECEIVED

5-14-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-14-51

MAY 27 1951

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 _____
Student Embalmer

Signed Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sipton, 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 this body is not embalmed, fact should be so stated above.