

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006951
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY ST. FRANCIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELIENS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ELIENS 0940		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRED Middle Last STANGE				4. DATE OF DEATH Month Feb. Day 13 Year 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1894		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Month 11 Days 20	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SPROTT, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME OTTO E. STANGE				14. MOTHER'S MAIDEN NAME DELIA PINKSTON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address one Fred Stange Eliens, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: - IMMEDIATE CAUSE (a) medullary Failure						INTERVAL BETWEEN ONSET AND DEATH 1-3 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) poisoning		DUE TO (c) nicotine (Black Lead 40)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 9718				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION COUNTY STATE 		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21. I attended the deceased from my arrival (coroner notified) and last saw her/him alive on Death occurred at approximately 12:35 pm on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W. H. Morris, D.O.				22b. ADDRESS 210 W. Main, Flat River, Mo.		22c. DATE SIGNED 2-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Feb. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY WOODLAW		23d. LOCATION (City, town, or county) (State) Readington, MO			
24. FUNERAL DIRECTOR Raymond Caldwell London Flat River, Mo.			25. DATE RECD. BY LOCAL REG. Feb. 15, 1958		26. REGISTRAR'S SIGNATURE Esther Rudloff		

(Licensed Embolmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-156
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 5 1958

MAR 28 1958

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 R. Caldwell.....

Licensed Embalmer No. 25

P. O. Address Flat Ru

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