

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0019875

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 48 STATE FILE NUMBER

FILED JUN 1 1964

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>MADISON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>FREDERICKTOWN</u>	a. STATE <u>MO.</u>	b. COUNTY <u>MADISON</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>MADISON MEMORIAL HOSP</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>	d. STREET ADDRESS (If outside, give location) <u>329 E MINE LA MOTTE</u>
Length of stay in lb <u>8 DAYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>ALFRED (NONE) STANGE</u>			4. DATE OF DEATH <u>MAY 27 1964</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</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>1-28-1890</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINING</u>	11. BIRTHPLACE (City and state or country) <u>ST. GENEVIEVE CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EARNEST STANGE</u>		13b. MOTHER'S MAIDEN NAME <u>DELLA PINKSTON</u>		14. NAME OF HUSBAND OR WIFE <u>LYDIA STANGE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-03-8781</u>		17. INFORMANT <u>MRS. STANGE</u> Address <u>329 E MINE LA MOTTE FREDERICKTOWN MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Respiratory Failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Uremia</u>	
	DUE TO (c) <u>Arteriosclerotic Cardiovascular Disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 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 Hour a.m. p.m. Month, Day, Year	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 <u>Fredericktown, Missouri</u>	
21. I attended the deceased from <u>August 1962</u> , to <u>May 27, 1964</u> and last saw her/him alive on <u>May 27, 1964</u>		22c. DATE SIGNED <u>5-29-64</u>	
21. Death occurred at <u>8:04</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Arthur J. Nowcomb, M.D.</u> (Degree or title)	
22b. ADDRESS <u>115 So. Wood Avenue Fredericktown, Missouri</u>		22c. DATE SIGNED <u>5-29-64</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-30-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL</u>	23d. LOCATION (City, town, or county) <u>MADISON CO. MO.</u>
24. FUNERAL DIRECTOR <u>Sam Wilson</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 29 1964</u>	26. REGISTRAR'S SIGNATURE <u>Charles Brune Jr. R.M.D.</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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredricksburg 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.