

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17389

FILED MAY 21 1951

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 27

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

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY OR TOWN LINN		c. CITY OR TOWN (RURAL) LINN 0680	
c. LENGTH OF STAY (in this place) 4 yr		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR JAMESTOWN MO.		d. STREET ADDRESS (If rural, give location) NEAR JAMESTOWN MO	

3. NAME OF DECEASED (Type or Print) a. (First) BETTY b. (Middle) JOHN c. (Last) STAUFFER			4. DATE OF DEATH (Month) (Day) (Year) MAY 14, 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	
8. DATE OF BIRTH FEB-1-1947		9. AGE (In years last birthday) 4 yr		10. CITIZEN OF WHAT COUNTRY? U S	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY KANS.	

13a. FATHER'S NAME TRUMAN STAUFFER		13b. MOTHER'S MAIDEN NAME NEOMA THYLOV		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Truman Stauffer, Jamestown 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) Crushing injury to head ANTECEDENT CAUSES Due to (b) Farm implement fell off wagon and crushed head. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Death instantaneous 5845X 2 1/2	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jamestown Moniteau MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 14 1951 7A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Farm disc fell off wagon and crushed head.	

22. I hereby certify that I attended the deceased from dead, when seen, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 7A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Keyyon Latham, med. corner		23b. ADDRESS California, MO.		23c. DATE SIGNED 5-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 15-1951		24c. NAME OF CEMETERY OR CREMATORY NICKHAM CEM.	
24d. LOCATION (City, town, or county) (State) NEAR LUPAS MO.		DATE REC'D BY LOCAL REG. MAY 17-1951		REGISTRAR'S SIGNATURE Yvonne M. Susser 199	
25. FUNERAL DIRECTOR'S SIGNATURE C. Albert Hornbeck Prairie Home		ADDRESS			

MAY 17-1951
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RECEIVED 5-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-19-51

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 Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, 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.