

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7434

MAR 1 1941
Registration District No. 2777

Primary Registration District No. 57633

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 501 days
(Specify whether
In this community 501 days
years, months or days)

3. (a) PRINT FULL NAME Tillie Soetebier

8. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased June 8th 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>8</u>	<u>3</u>	hr. min.

9. Birthplace Sullivan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER { 12. Name Joseph Landing

13. Birthplace Somerset County Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ball

15. Birthplace Ballwin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 2-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cave Spring

18. (a) Signature of funeral director Phos P. Shaffer

(b) Address Sullivan Mo

19. (a) 2-11-1941 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th
year 1941 hour 7:25 minute A M.

21. I hereby certify that I attended the deceased from 9-28-39 to 2-11-41, 19____, to _____, 19____; that I last saw her alive on February 10th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Over two years

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 421
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Mount Vernon, Mo. Date signed 2/11/41

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

500

RECEIVED

District Health Officer No. 6,

District File Number 341-374

Date Filed MAR 5 1949

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Phos. C. Shaffer

Licensed Embalmer No. 2692

P.O. Address Sullivan

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, above space should be left blank.