

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7506

BIRTH NO. 49-012747 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 329

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

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. LENGTH OF STAY (in this place) 10 Min.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		d. STREET ADDRESS (If rural, give location) 2021 South 4th Street
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital					

3. NAME OF DECEASED (Type or Print) Lorene / Stufflebean			4. DATE OF DEATH (Month) (Day) (Year) March 22 1949		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 22, 1949	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME Thomas Stufflebean		13b. MOTHER'S MAIDEN NAME Dolla Mae Johnson		14. NAME OF HUSBAND OR WIFE	
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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 Thomas Stufflebean 2021 So. 4th Str			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 5 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Labor					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) Unknown			
		DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-22, 1949, to 3-22, 1949, that I last saw the deceased alive on 3-22, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. Jenkins	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 3/22/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/23/1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Mar 24, 1949	REGISTRAR'S SIGNATURE E. L. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. J. ... 1802 Lincoln
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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.

Signed Elmer Thomas

Signed.....  
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.