

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8797

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jasper</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>21 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		d. STREET ADDRESS (If rural, give location) <u>521 E. 4th. St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>521 E. 4th. St.,</u>				d. STREET ADDRESS (If rural, give location) <u>521 E. 4th. St.,</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Hetty</u>	b. (Middle) <u>Alice</u>	c. (Last) <u>STUTZMAN</u>	(Month) <u>March</u>	(Day) <u>6,</u>	(Year) <u>1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 8, 1865</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u></u>	IF UNDER 1 HR. Days <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Avilla, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Lilburn Quall Arthur</u>		13b. MOTHER'S MAIDEN NAME <u>Mary P. Show</u>		14. NAME OF HUSBAND OR WIFE <u>William Lewis (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Stutzman 521 E. 4th., Carthage, Mo.</u>					
18. CAUSE OF DEATH	MEDICAL CERTIFICATION						
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANCECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>						
	DUE TO (b) <u>Chronic Arthritis</u>						
	DUE TO (c) <u></u>						
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>July 10, 1949</u> , to <u>Feb 9, 1949</u> , that I last saw the deceased alive on <u>July 10, 1949</u> , and that death occurred at <u>3:02</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. E. Baker M.D.</u>				23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Red Oak Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Red Oak, Missouri,</u>			
DATE REC'D BY LOCAL REG. <u>3-8-1949</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. C. Ulmer Carthage, Mo.</u>			

Pa. H. Ferguson (Licensed Embalmer's Statement on Reverse Side)

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

## 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. 262

working under my personal supervision.

Signed Donald L. Robert  
Student Embalmer

Signed John J. Dennehy  
Licensed Embalmer No. 4194

P. O. Address \_\_\_\_\_

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.