No. 300
10-48

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

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11592

State File No. 11592

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 398

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Joseph
c. LENGTH OF STAY (in this place): 2yrs, 5Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pumpkin Center
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle):
c. (Last): STEWART

4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-24-1864
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 6, Days 17 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Luxumburg, Europe
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Nathias Spailles
13b. MOTHER'S MAIDEN NAME: Mary Kohl
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Ruth Carter, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (lobar) — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c) Senile

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Recent fracture of left Trochanter

E90.4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

ADD. SUPPLEMENTAL INFORMATION REQUESTED

22. *I hereby certify that I attended the deceased from* Nov. 15, 1948, *to* April 11, 1949, *that I last saw the deceased alive on* April 9, 1949, *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: St. Joseph, Mo. State Hospital # 2
23c. DATE SIGNED: 4/11/1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-13-1949
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
24d. LOCATION (City, town, or county) (State): Pumpkin Center, Missouri

DATE REC'D BY LOCAL REG.: April 13, 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: [signature] St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 26 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed John E. Rupp

Signed.....
Student Embalmer

Licensed Embalmer No. 3986

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.