S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2040

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 446 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. James
c. LENGTH OF STAY (in this place) 16
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) - - - - - - - - - - - -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Phelps 0271
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) - - - - - - - - - - St. James
d. STREET ADDRESS (If rural, give location) - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print)
a. (First) Lena
b. (Middle) R.
c. (Last) Stumpfa

4. DATE OF DEATH (Month) (Day) (Year) January 13, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 17, 1873
9. AGE (In years last birthday) 76 — If under 1 year: Months 7 Days 26 — If under 24 hrs.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Pacific, Missouri.
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME John Rick
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Casper Stumpfa (Husband)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS Mrs. Buel Johns, St. James, 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis Hyper
DUE TO (c) tension — 9 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
592X

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?

22. *I hereby certify that I attended the deceased from* July 15, 1949, *to* January 13, 1950, *that I last saw the deceased alive on* January 11, 1950, *and that death occurred at* 11:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE D. Hammler (Degree or title) M.D.
23b. ADDRESS St. James, Mo
23c. DATE SIGNED Jan. 15, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-15-1950
24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery.
24d. LOCATION (City, town, or county) (State) St. James, Missouri.

DATE REC'D BY LOCAL REG. Jan 19, 50
REGISTRAR'S SIGNATURE Cora E. Birmingham
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS O. E. Licklider, St. James, Mo.

(Licensed Embalmer's Statement on Reverse Side)

The County Health Officer,

County File Number _____

Date Filed 1-23-50

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 Carl J. Glenn

Signed _____
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address St. Louis, 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.