

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2059

State File No.

FILED FEB 11 1950

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>400 North 4 th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Theresa</u>	b. (Middle) <u>--</u>	c. (Last) <u>Stark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1950</u>
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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>Sept. 16, 1902</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Meppen, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Tepen</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Beckman</u>	14. NAME OF HUSBAND OR WIFE <u>Herman Stark (Dec.)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ermadell Smith, Louisiana, Mo.</u>	ADDRESS <u></u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma - Toxic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>1 1/2 yrs</u> <u>17 1/2</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma?</u> DUE TO (c) <u>Cervix</u>		
	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) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u></u>
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22. I hereby certify that I attended the deceased from 10/11/49 49, to 2/4/ 1950, that I last saw the deceased alive on 2/4 19 50, and that death occurred at 4:50P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. H. Luellen M.D.</u> (Degree or title)	23b. ADDRESS <u>Louisiana, Mo.</u>	23c. DATE SIGNED <u>2/6/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/7/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Clements Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clements, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 6, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	FUNERAL DIRECTOR'S SIGNATURE <u>George O Wagner</u>	ADDRESS <u>Louisiana, Mo.</u>
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RECEIVED FEB 9 1950
District Health Officer No. 1
District File Number 2-57-2
Date Filed FEB 9 1950

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.

Student
Student Embalmer

Signed George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, La.

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.