

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13885**

BIRTH NO. _____ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **5813** Registrar No. **6**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre	
c. LENGTH OF STAY (In this place) 60 years		d. STREET ADDRESS (If rural, give location) 6 miles N. E. Wellsville, Mo	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6 miles N. E. Wellsville			

3. NAME OF DECEASED (Type or Print)	a. (First) BEULAH	b. (Middle) HESTER	c. (Last) STUCK	4. DATE OF DEATH (Month) (Day) (Year) Apr. 30 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 5 Days 23	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Montgomery County, Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Henry Kirks	13b. MOTHER'S MAIDEN NAME Ella Henderson	14. NAME OF HUSBAND OR WIFE Ed Stuck
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Ed Stuck	ADDRESS Wellsville, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 14 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

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) _____ m.	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 **4/29/50**, 19**50** to **4/30**, 19**50**, that I last saw the deceased alive on **4/29**, 19**50**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) _____	23b. ADDRESS Wellsville, Mo	23c. DATE SIGNED 5/1/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/2/50	24c. NAME OF CEMETERY OR CREMATORY Middletown Cemetery	24d. LOCATION (City, town, or county) (State) Middletown, Missouri
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DATE REC'D BY LOCAL REG. 5/2/50	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Wellsville, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

