

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11528

090

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

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leopold Lorraine</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lorraine Twp</u>	
c. LENGTH OF STAY (in this place) <u>All Her Life</u>		d. STREET ADDRESS (If rural, give location) <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>		b. (Middle) _____	
		c. (Last) <u>Stoverink</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4th 5th 51.</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>5th 16th 1880</u>
9. AGE (In years last birthday) <u>70</u>		if UNDER 1 YEAR Month Day	if UNDER 1 MIN. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hogen Mo,</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A,</u>			
13a. FATHER'S NAME <u>Henry Vendoren</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sherr</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Stoverink</u>		ADDRESS <u>Leopold Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ 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 <u>4201</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>March 12, 1951</u> , to <u>April 5, 1951</u> , that I last saw the deceased alive on <u>April 5, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John G. Meyer M.D.</u>		23b. ADDRESS <u>Lutesville, Mo.</u>	23c. DATE SIGNED <u>4/4/51</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4th 7th 1951</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Leopold, Country</u>	24d. LOCATION (City, town, or county) (State) <u>Leopold Bollinger Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 12 1951</u>	REGISTRAR'S SIGNATURE <u>Killie Van Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home,</u>	ADDRESS <u>Lutesville.</u>

RECEIVED

APR 17 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 *C. J. Baker* 3573

Licensed Embalmer No. 3573

P. O. Address *Auterelle - 211*

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.