

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38263

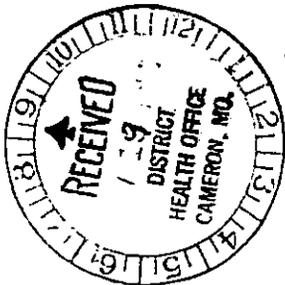
State File No. ....

742

BIRTH NO. .... REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3098 Registrar's No. 246

|   |                           |  |                                   |
|---|---------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>NOBAMA</b>  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>Andrew</b> |                                   |
| b. CITY OR TOWN <b>MARYVILLE</b>  |                           | c. CITY OR TOWN <b>Andrew</b>  |                                   |
| c. LENGTH OF STAY (in this place) <b>2 WEEKS</b>  |                           | d. STREET ADDRESS (If rural, give location) <b>1</b>   |                                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Frances Hospital</b>   |                           |  |                                   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Fred</b>   |                           | b. (Middle) <b>Stuki</b>   |                                   |
| c. (Last) <b>Stuki</b>  |                           | 4. DATE OF DEATH (Month) (Day) (Year) <b>11-15-1951</b>  |                                   |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>  | 8. DATE OF BIRTH <b>4-25-1875</b> |
| 9. AGE (In years last birthday) <b>76</b>   |                           | 10. MONTHS <b>6</b>  | 11. DAYS <b>15</b>                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>   |                                   |
| 11. BIRTHPLACE (State or foreign country) <b>Andrew Mo</b>  |                           | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>   |                                   |
| 13a. FATHER'S NAME <b>Rudolph Stuki</b>   |                           | 13b. MOTHER'S MAIDEN NAME <b>ANNA RESENMEY</b>   |                                   |
| 14. NAME OF HUSBAND OR WIFE <b>-</b>  |                           |  |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |                           | 16. SOCIAL SECURITY NO. <b>no</b>  |                                   |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Frances Miller</b>   |                           | ADDRESS <b>Andrew Mo</b>   |                                   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>Cerebral Thrombosis</b>   |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>                                 |                                   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                           | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.        |                                   |
| 19a. DATE OF OPERATION <b>9</b>   |                           | 19b. MAJOR FINDINGS OF OPERATION <b>332X</b>   |                                   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                           |  |                                   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-</b>   |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>  |                                   |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>-</b>  |                           |  |                                   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>-</b>  |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                     |                                   |
| 21f. HOW DID INJURY OCCUR? <b>-</b>   |                           |  |                                   |
| 22. I hereby certify that I attended the deceased from <b>7-11</b> , 1950, to <b>11-10</b> , 1951, that I last saw the deceased alive on <b>11-9</b> , 1951, and that death occurred at <b>4:50 pm.</b> , from the causes and on the date stated above. |                           |  |                                   |
| 23a. SIGNATURE <b>Robert B. Kelly</b>   |                           | 23b. ADDRESS <b>Savannah Mo.</b>   |                                   |
| 23c. DATE SIGNED <b>11-12-51</b>  |                           |  |                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |                           | 24b. DATE <b>11-12-1951</b>  |                                   |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Amoyoma</b>   |                           | 24d. LOCATION (City, town, or county) (State) <b>AMAZONIA MO</b>   |                                   |
| DATE REC'D BY LOCAL REG. <b>11-15-51</b>  |                           | REGISTRAR'S SIGNATURE <b>Bess Holt</b>   |                                   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Breit</b>   |                           | ADDRESS <b>Funeral Home Savannah Mo</b>  |                                   |

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



DEC 9 1927

**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 *E. C. Breit* .....

Licensed Embalmer No. *2638* .....

P. O. Address *Savannah 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.