S. No. 300
v. 10.48

FILED JAN 22 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5932 State File No. 2262

BIRTH NO. — REG. DIST. NO. 274 PRIMARY REG. DIST. NO. ~~3052~~ Registrar's No. 9

0800
1

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaMonte Rural
c. LENGTH OF STAY (in this place): 5 yrs
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: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaMonte (Rural) 0800
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jo
b. (Middle): Adelaide
c. (Last): Stultz

4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 19 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — 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:
11. BIRTHPLACE (State or foreign country): LaMonte Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Milton Weathers
13b. MOTHER'S MAIDEN NAME: Prudence Scott
14. NAME OF HUSBAND OR WIFE: George Stultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Duval Stultz — ADDRESS: LaMonte 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) (1) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Hypostatic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (1) Chr. Valvular Disease
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4214
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): Lamonte, Pettis, Mo
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* Jan 4, 1952, *to* Jan 4, 1952 *that I last saw the deceased alive on* Jan 11, 1952 *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. W. Crowe, M.D.
23b. ADDRESS: Knob Noster Mo
23c. DATE SIGNED: Jan 13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-13-52
24c. NAME OF CEMETERY OR CREMATORY: LaMonte Cemetery
24d. LOCATION (City, town, or county) (State): LaMonte Mo.

DATE REC'D BY LOCAL REG.: 1-13-1952
REGISTRAR'S SIGNATURE: A. J. Campbell M.D. Goldie Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Moore — ADDRESS: La Monte Mo

251 - 0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 21 1952
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed JAN 21 1952

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.