

No. 300
10.48

FILED MAY 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13539

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5708 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Bufflo twp.		c. LENGTH OF STAY (in this place) 48 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION May Community		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Bufflo twp.	
d. STREET ADDRESS May Community		e. STREET ADDRESS May Community	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Alice	
c. (Last) Stucke		4. DATE OF DEATH (Month) (Day) (Year) March 17, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 9, 1871
9. AGE (In years last birthday) 80		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Marshfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Newton Rodgers		13b. MOTHER'S MAIDEN NAME Rebecca Price	
14. NAME OF HUSBAND OR WIFE William Stucke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Amos Ludiker, Goodman, Rt. 1, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uncontrolled Hypertension Right Base</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Interstitial Nephritis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Uremia</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <i>Feb 22 1952</i> to <i>March 17 1952</i> , that I last saw the deceased alive on <i>March 4 1952</i> , and that death occurred at <i>6:10 A.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Melvin P. Bowman M.D.</i> (Degree or title)		23b. ADDRESS <i>Hicko. 5710</i>	
23c. DATE SIGNED <i>March 20-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar. 21, 1952		24c. NAME OF CEMETERY OR CREMATORY Price Cemetery.	
24d. LOCATION (City, town, or county) McDonald Co. Missouri (State)		25. FUNERAL DIRECTOR'S SIGNATURE <i>John B. Papineau</i> ADDRESS Goodman, Mo.	
DATE REC'D BY LOCAL REG. <i>H-25-52</i>		REGISTRAR'S SIGNATURE <i>Marjorie Humphreys</i> 423	

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman?

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.