

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13588**

DECEASED MAY 2 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>116</u>			
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		0644			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital				d. STREET ADDRESS (If rural, give location) 623 Collier St.					
3. NAME OF DECEASED (Type or Print) a. (First) MYRTLE b. (Middle) MAE c. (Last) WINTERSTEIN			4. DATE OF DEATH (Month) (Day) (Year) April 22, 1952						
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3	8. DATE OF BIRTH Apr. 2, 1904		9. AGE (In years last birthday) (Specify) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operator of resturant			10b. KIND OF BUSINESS OR INDUSTRY resturant		11. BIRTHPLACE (State or foreign country) Rolls county, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME George Dumbauld			13b. MOTHER'S MAIDEN NAME Annie Dietrich		14. NAME OF HUSBAND OR WIFE Earl Winterstein				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Delaporte ADDRESS 1256 Lyon					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Hannibal, MO.					INTERVAL BETWEEN ONSET AND DEATH 12 hours		
<p>*This does not mean the mode of dying, such as fracture, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Asthama -							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pelvic Tumor + Distention of bowels DUE TO (c) _____							
19a. DATE OF OPERATION 4-21-52		19b. MAJOR FINDINGS OF OPERATION _____					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) (Min.)		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>4-21, 1952</u> to <u>4-22, 1952</u> that I last saw the deceased alive on <u>4-22, 1952</u> and that death occurred at <u>5:10a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE J. H. Fisher (Degree or title)					23b. ADDRESS Hannibal MO			23c. DATE SIGNED 4-23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/25, 1952	24c. NAME OF CEMETERY OR CREMATORY GrandView Burial Park		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.				
DATE REC'D BY LOCAL REG. 4/23/52		REGISTRAR'S SIGNATURE W. M. Luecke			25. FUNERAL DIRECTOR'S SIGNATURE Yadlyn R. Schwab ADDRESS Hannibal MO				

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

Handwritten: #100
644
0

RECEIVED APR 2 1952
ANNON CO. HEALTH DEPT.
DATE FILED APR 2 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 _____

Jack Schwartz
working under my personal supervision.

Student Embalmer No. 440

Student Jack Schwartz
Student Embalmer

Signed Cecil E. Schwartz

Licensed Embalmer No. 23387

P. O. Address Hannibal, 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Marion } ss.

State File No. 13588
Local Registrar's No. 116

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of June, 1952 before me appears Geo B Travis, who, upon his oath, states that the original record of ^{birth} death for Miyette Mar Hunterstein, died Apr 22 ^{born}, 1952, in the State of Missouri, and which was filed at Hamburg on 4-23-, 1952, should be corrected as follows:

- Item No. 9 should read 48
Instead of 46
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant George B Travis Relationship Schwartz Funeral Home

Present Address. _____
Subscribed and sworn to before me this 11th day of June, 1952
My Commission expires _____ W C Fisher City Clerk Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

