

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23869**

**FILED JUL 21 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **57** PRIMARY REG. DIST. NO. **4083** Registrar's No. **9**

0170

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

1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CARROLL</b>		
b. CITY OR TOWN <b>DE WITT</b>		c. LENGTH OF STAY (In this place) <b>10 YEARS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>DE WITT</b>		OR TOWN <b>0170</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>			d. STREET ADDRESS (If rural, give location) <b>8</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>BUNNIE</b> b. (Middle) <b>B.</b> c. (Last) <b>STUCKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-14-1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>5-24-1866</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>	11. BIRTHPLACE (State or foreign country) <b>CARROLL Co Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JACOB PHELEGER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY JANE GILBERT</b>	14. NAME OF HUSBAND OR WIFE <b>WIDOW</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MONA KNAPPENBERGER DEWITT</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary Carcinoma of Pylorus, stomach.</b>		DUPLICATE			Terminal
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			Terminal
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			Terminal
		DUE TO (b) <b>Terminal Acute malnutrition</b>			Terminal
		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 <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>151-X</b>			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) (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 **March 1, 1952**, to **July 14, 1952**, that I last saw the deceased alive on **July 14, 1952** and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Brunswick, Missouri</b>	23c. DATE SIGNED <b>7/16/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-16-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>EVERGREEN</b>	24d. LOCATION (City, town, or county) (State) <b>DE WITT MO</b>	
DATE REC'D BY LOCAL REG. <b>July 17-1952</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Brunswick</b>	

**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.....

*R. M. Lewis*

Licensed Embalmer No. *823*

P. O. Address *Brunswick, N.*

**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.