

FILED NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39142**
Registrar's No. **496**

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 496				
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri				b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 1 wk.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction		0490				
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				d. STREET ADDRESS (If rural, give location) 304 N. Roney Street				/		
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE			b. (Middle) V.			c. (Last) STUKEY				
4. DATE OF DEATH 11-7-1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-17-1885		
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 1		IF UNDER 24 HRS. Days 20		Hours 		Mile. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Peter Monroe Lortz			13b. MOTHER'S MAIDEN NAME Anne C. Betz			14. NAME OF HUSBAND OR WIFE Albert Stuke (dec.)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Alice Stukey			ADDRESS Carl Junction, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation						INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		
		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 Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343						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) (m.)		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 May 1951 , to 11-7, 1952 , that I last saw the deceased alive on 11-7, 1952 , and that death occurred at 5:02 m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) A. W. Wilson M.D.				23b. ADDRESS 1923 Sergeant				23c. DATE SIGNED 11-10-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-9-1952		24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery		24d. LOCATION (City, town, or county) (State) Carl Junction, Mo.				
DATE REC'D BY LOCAL REG. 11-13-52		REGISTRAR'S SIGNATURE Ed. James				25. FUNERAL DIRECTOR'S SIGNATURE Tom Roney				
						ADDRESS Carl Jct., Mo.				

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

RECEIVED 11-17-52
Jasper County Health Office

County File Number 52/11/898

Date Filed 11-17-52

NOV 2 1953

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 myself

working under my personal supervision.

Student Embalmer No.....

Signed Clayton M. Johnston

Signed.....
Student Embalmer

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.