No. 300
10.48

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41694

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 414

1143

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 643 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hos #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kans City 3438
d. STREET ADDRESS (If rural, give location): 2850 Troost

3. NAME OF DECEASED (Type or Print): a. (First) HELMA b. (Middle) — c. (Last) STEIN

4. DATE OF DEATH (Month) (Day) (Year): Dec 14 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: March 12-1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 9, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired milliner
10b. KIND OF BUSINESS OR INDUSTRY: Millinery
11. BIRTHPLACE (City and State or Foreign Country): Austria 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: dk
13b. MOTHER'S MAIDEN NAME: dk
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): dk (If yes, give war or dates of service): dk
16. SOCIAL SECURITY NO.: dk
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Sophia Green Ke Mo 6000 Stone St — ADDRESS

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): Senility with senile dementia — INTERVAL BETWEEN ONSET AND DEATH

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: 794 X
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)

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* 10-25, 1952, *to* 12-14, 1952, *that I last saw the deceased alive on* 12-14, 1952, *and that death occurred at* 10 15 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Henry Fowler M.D.
23b. ADDRESS: State Hos Fulton Mo
23c. DATE SIGNED: 12-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 14-1952
24c. NAME OF CEMETERY OR CREMATORY: DK
24d. LOCATION (City, town, or county): Independence (State) Mo

DATE REC'D BY LOCAL REG.: Dec 14-1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Roland R Speaks — ADDRESS: Indep, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Roland R. Speakes

Licensed Embalmer No. 3604

P. O. Address Sedalia, 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.