

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1954

BIRTH NO. REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union	
c. LENGTH OF STAY (In this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 500 S. Oak Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 500 S. Oak Street		d. STREET ADDRESS (If rural, give location) 500 S. Oak Street	

3. NAME OF DECEASED (Type or Print) a. (First) Bessie	b. (Middle) M.	c. (Last) Winters	4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 29, 1881	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hour Min. 72
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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) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Stubberfield	13b. MOTHER'S MAIDEN NAME Augusta Lang	14. NAME OF HUSBAND OR WIFE John
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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 ADDRESS Mrs. Dorothy Gambill 316 Carthage Lemay, Mo.
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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) Coronary Thrombosis 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.		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Union, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 8:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-24, 1953**, to **2-6, 1954**, that I last saw the deceased alive on **12-4, 1954**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Senny	(Degree or title) MD	23b. ADDRESS Union, Mo.	23c. DATE SIGNED 2-6-54
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24a. BURIAL, CREMATION REMOVAL (Specify) Cremaion	24b. DATE February 10, 1954	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) 3211 Sublette ave. St. Louis, Mo
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DATE REC'D BY LOCAL REG. Feb. 7-1954	REGISTRAR'S SIGNATURE J.T. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 So. Broadway St. Louis, Mo.
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Frank Cooper
611 E. State
March
~~DR DENNY~~
FEB 21

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Harry J. Schumacher*

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 P. Broadway*

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.