

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17845

State File No.

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. LENGTH OF STAY (If in place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural -</u>		<u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles East of Wellsville</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDWARD</u>		b. (Middle) <u>HERMAN</u>		c. (Last) <u>STUCK</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>9</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 16 1886</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Redbud, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles Stuck</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Wicklein</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Stuck</u> <u>Montgomery Mo</u>			
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) <u>Infection in left hip Post Operative</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left hip</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Cardis Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>E9021</u> <u>3</u>	
19a. DATE OF OPERATION <u>5-6-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture left hip</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>RFB Wellsville Montgomery Co Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 4 54 3</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from a tree</u>			
22. I hereby certify that I attended the deceased from <u>May 4</u> 19 <u>54</u> , to <u>June 9</u> 19 <u>54</u> , that I last saw the deceased alive on <u>6-9</u> , 19 <u>54</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Kelley</u>				23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>6/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/11/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Middletown, Montg., Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 13 1954</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R B Wells</u>		ADDRESS <u>Wellsville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 A. B. Keller

Licensed Embalmer No. 1588

P. O. Address Hullsville 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.