

FILED AUG 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23390
State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3128 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 W. 6th, Carthage, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>315 W. 6th, Carthage, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUD</u> b. (Middle) <u>MULLER</u> c. (Last) <u>STONGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 7, 1879</u>	9. AGE (in years last birthday) <u>75</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James M. Sande</u>		13b. MOTHER'S MAIDEN NAME <u>Erma Randall</u>	14. NAME OF HUSBAND OR WIFE <u>Sylvester J. Stonger</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 ADDRESS <u>Frances Stonger, 315 W. 6th, Carthage</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Progressive cerebral thrombosis</u>		<u>2 weeks</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis with cerebral symptoms</u>		<u>1 year</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Carthage, Mo. Jasper Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 7/1, 1954, to 8/2, 1954, that I last saw the deceased alive on 8/2, 1954 and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Schell M.D.</u>	23b. ADDRESS <u>Carthage, Mo.</u>	23c. DATE SIGNED <u>8-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcoxie, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-7-54</u>	REGISTRAR'S SIGNATURE <u>Ermina Clutter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 11 1954
Jasper County Health Office
County File Number: 54-8-66
Date Filed: AUG 11 1954

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.....
Signature of Student Embalmer

Signed..... Robert H. Knell

Licensed Embalmer No. 4459...

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.