

007 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

432 State, File No. 31260

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 38

0640
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Palmyra</u> | | c. CITY OR TOWN <u>Palmyra</u> | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) <u>Maple Lawn Rest Home</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u> | | | |

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|---|------------|-------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>Josephine Stoten</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 28, 1954</u> |
|---|------------|-------------|-----------|--|

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|----------------------|-------------------------------|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>October 22, 1893</u> | 9. AGE (In years) (Month) (Day) (If under 1 year: Hours) (Min.) <u>60 11 6</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hennibal Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |
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|---|--|---|
| 13a. FATHER'S NAME <u>Joseph Stoten</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Elsdon</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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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) <u>XX</u> | 16. SOCIAL SECURITY NO. <u>XX</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ivan Troutman</u> ADDRESS <u>Hannibal Anna Illinois</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u> |
| | ANTECEDENT CAUSES Morbidity 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. | | |

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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) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>491 X</u> |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Sept 28, 1954, to Sept 28, 1954, that I last saw the deceased alive on Sept 28, 1954, and that death occurred at 8:20 P m., from the causes and on the date stated above.

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|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE <u>J. H. Hill M.D.</u> (Degree or title) | 23b. ADDRESS <u>Palmyra Mo</u> | 23c. DATE SIGNED <u>10/2/54</u> |
|---|--------------------------------|---------------------------------|

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|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/30/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u> | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u> |
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|---|--|--|
| DATE REC'D BY LOCAL REG. <u>10/5/54</u> | REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> | FUNERAL DIRECTOR'S SIGNATURE <u>George L. Smith</u> ADDRESS <u>Hannibal Missouri</u> |
|---|--|--|

OCT 12 1954

RECEIVED

MAR. MISSO. HEALTH DEPT.

OCT 12 1954

DATE FILED

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 *John S. [Signature]*
.....

Licensed Embalmer No. 4540

P. O. Address Hannibal Miss

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.