

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38269

State File No. ....

FILED DEC 6 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 427

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>11 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>420 E. 3rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY</u>	a. (First) <u>MARY</u>	(Middle) <u>Louise</u>	c. (Last) <u>Stoecklein</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 1954</u>
---	------------------------	------------------------	-----------------------------	--

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>March 15 - 1909</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	---	---	----------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Top Stitcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>T.C. Shoe Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Pleasant Green Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---

13a. FATHER'S NAME <u>Chas. Stoecklein</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Clara Wittman</u>	14. NAME OF HUSBAND OR WIFE _____
--	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>500-10-5499</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank Bramlich</u>	ADDRESS <u>Clifton City</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thoracic spinal deformity</u> DUE TO (c) <u>The spine infancy</u>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

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) _____	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 11-16, 1954, to 11-30, 1954, that I last saw the deceased alive on 11-30, 1954, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alvin L. Lowe M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Sedalia, Mo</u>	23c. DATE SIGNED <u>12-1-54</u>
--	-------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clifton City Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12-2-54</u>	REGISTRAR'S SIGNATURE <u>Lorvia Coombs Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros</u>	ADDRESS <u>Sedalia</u>
---	---	--	------------------------

Licensed Embalmer's Statement on Reverse Side

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

MAY 21 1955  
MAY 17 1955

**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.....

*K P Mcrary*

Licensed Embalmer No. 3153

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.