

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 401

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>CALLLOWAY</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLLOWAY</u>					
b. CITY OR TOWN <u>FULTON</u>		c. LENGTH OF STAY (in this place) <u>20 Days</u>		c. CITY OR TOWN <u>FULTON TWP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLLOWAY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>FULTON R.F.D 2 0140</u>					
3. NAME OF DECEASED (Type or Print) <u>Betty Lee Stern</u>			a. (First) <u>Betty</u> b. (Middle) <u>Lee</u> c. (Last) <u>Stern</u>			4. DATE OF DEATH <u>JAN 10 1955</u> (Month) (Day) (Year)			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APR. 3, 1896?</u>			
9. AGE (In years last birthday) <u>58?</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BUYER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CLOTHING</u>		9. AGE (In years last birthday) <u>58?</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>OHIO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>					
13a. FATHER'S NAME <u>JOHN BROOKE</u>			13b. MOTHER'S MAIDEN NAME <u>MARRIETT</u>			14. NAME OF HUSBAND OR WIFE <u>HENRY STERN</u>			
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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Stern</u>		ADDRESS <u>Fulton Mo 9700</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Alenia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septic Syndrome of</u> DUE TO (c) <u>Chronic Glomerulo nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>6 weeks</u> <u>2 years</u> <u>yr</u>	
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) (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 <u>Aug 11</u> , 19 <u>54</u> , to <u>Jan 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>55</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (In case or title) <u>R. C. Fish (M)</u>				23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>10 Jan 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ENTOMBMENT</u>		24b. DATE <u>1/12/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL MAUSOLEUM</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 15-1955</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Margaret Toward</u>		ADDRESS <u>Home Fulton 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.....
Signature of Student Embalmer

Signed *Harry A. Stewart*.....

Licensed Embalmer No. *372*.....

P. O. Address *Fulton St*.....

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.