

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7641

State File No.

FILED MAR 28 1955

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lohman	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Amanda	b. (Middle) Marie	c. (Last) Stubinger	4. DATE OF DEATH (Month) (Day) (Year) March 16- 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 4, 1909	9. AGE (In years last birthday) 45	10. UNDER 1 YEAR 11 Months 12 Days	11. UNDER 24 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Help	10b. KIND OF BUSINESS OR INDUSTRY Domestic Help	11. BIRTHPLACE (State or foreign country) Lohman, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Frank Stubinger	13b. MOTHER'S MAIDEN NAME Katherine Ann Pistel	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Miss Bertha Stubinger, Lohman, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Colon, with Generalized Metastasis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			153 X

19a. DATE OF OPERATION 3-25-1954	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Colon with obstruction	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)
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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?
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22. I hereby certify that I attended the deceased from **3-19**, 19**54**, to **3-16**, 19**55**, that I last saw the deceased alive on **3-16**, 19**55**, and that death occurred at **9:10 A.M.** from the causes and on the date stated above.

23. SIGNATURE (Deputy or title) Kendall A. Clark, M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 3-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-55	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	24d. LOCATION (City, town, or county) (State) Lohman, Mo.
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DATE REC'D BY LOCAL REG. March 23-55	REGISTRAR'S SIGNATURE R.P. Davis MD NR	25. FUNERAL DIRECTOR'S SIGNATURE Wesley K. ...	ADDRESS Russellville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 _____

Hugo H. Schubert

Licensed Embalmer No. *9820*

P. O. Address *Russellville, 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.