

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24432
5696

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY Richland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Olney		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 Deaconess Hospital				STREET ADDRESS (If rural, give location) 311 So. 10th St.				412^e	
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle)		c. (Last) Stoll		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1902		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR (Months)	IF UNDER 1 YEAR (Days)	IF UNDER 1 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Charles Williams			13b. MOTHER'S MAIDEN NAME Laura Barnes		14. NAME OF HUSBAND OR WIFE Edward				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME JoAnn Artz, Olney, Ill.				ADDRESS	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart disease with Mitral stenosis & Auricular Fibrulation ANTECEDENT CAUSES DUE TO (b) Rheumatic Heart Disease DUE TO (c) Chorea II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 37 yrs 37 yrs. 37 yrs.	
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? 410X					
22. I hereby certify that I attended the deceased from Nov 3, 1949 , to June 29, 1955 , that I last saw the deceased alive on June 29, 1955 , and that death occurred at 8:10p m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ch. Smallen M.D.				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 7-1-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-30-55	24c. NAME OF CEMETERY OR CREMATORY Haven Hill		24d. LOCATION (City, town, or county) (State) Olney, Ill.				
DATE REC'D BY LOCAL REG. JUL 1 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.					

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 *Elmo R. Padivell*

Licensed Embalmer No. *407*

P. O. Address *Jh. Lo*

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.