

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2407**
Registrar's No. **6**

FILED JAN 17 1956
BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3006**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If in hospital, residence before, a. STATE Missouri b. COUNTY Chautau)	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY OR TOWN Salisbury	d. Is residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) 1 wk.		e. STREET ADDRESS (If rural, give location) 1 mi west of Salisbury	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hosp.			

3. NAME OF DECEASED (Type or Print) MARTHA JANE Stundebek			4. DATE OF DEATH (Month) (Day) (Year) Jan 5 1956		
a. (First)	b. (Middle)		c. (Last)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Nov. 9, 1955		9. AGE (in years last birthday) 1 2/3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Moberly Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Stundebek		13b. MOTHER'S MAIDEN NAME Luella Tebbe		14. NAME OF HUSBAND OR WIFE Infant	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) Infant		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John Stundebek ADDRESS Salisbury Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7 days	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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. 492X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Dec 30**, 1955, to **Jan 5**, 1956, that I last saw the deceased alive on **1/5**, 1956, and that death occurred at **7:05 P** m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leop. J. Gally ob.		23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED 1/3/56	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE Jan 7, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Joseph's		24d. LOCATION (City, town, or county) (State) Salisbury, Mo.	
DATE REC'D BY LOCAL REG. 1-7-56		REGISTRAR'S SIGNATURE Beauregard		25. FUNERAL DIRECTOR'S SIGNATURE Rudsky		ADDRESS Wilmington Glasgow Mo	

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 *W. Triemont*.....

Licensed Embalmer No. *397*.....

P. O. Address *Glasgow*.....

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.