

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032271

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 250

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Clair
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hoosp.		Length of stay in lb	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Margna Middle Alice Last St. Cin			4. DATE OF DEATH Month Oct. Day 3 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Home		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) Dent County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Lanies		13b. MOTHER'S MAIDEN NAME Campbell	14. NAME OF HUSBAND OR WIFE Joseph St. Cin
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 Address Bud St. Cin St. Clair, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis			3 yrs
DUE TO (c) 4201 F			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture neck left Femur			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell while getting out of bed. Fracture Neck Left Femur	
20c. TIME OF INJURY Hour 7:00 a.m. Month, Day, Year 9-29-58 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Clair	COUNTY Franklin
20g. STATE MO		21. I attended the deceased from 9-29-58 to 10-3-58 and last saw her alive on 10-3-58 Death occurred at 6:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE B. H. Stuckman		(Degree or title) M.D.	22b. ADDRESS Box 207 Union, Mo
22c. DATE SIGNED 10-4-58			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Oct. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Clare Catholic Cem.	23d. LOCATION (City, town, or county) (State) St. Clair, Missouri
24. FUNERAL DIRECTOR Casey-Lenox		ADDRESS St. Clair, Mo.	25. DATE RECD. BY LOCAL REG. 10/6/58
26. REGISTRAR'S SIGNATURE F. H. Stuckman & L. H. Stuckman			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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 *K. M. Leroy*
Licensed Embalmer No. *3601*
P. O. Address *St. Clair, Ala.*

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.