

# BUREAU DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

117  
~~572~~  
59-040724

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 572 Registrar's No. 117

UNDECEASED

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jefferson</b>	b. COUNTY <b>Jefferson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cedar Hill</b>	Length of stay in 1b <b>45 Yrs.</b>	c. CITY OR TOWN <b>Cedar Hill</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>		
First <b>CATHERINE</b>	Middle <b>C.</b>	Last <b>STOVESAND</b>	Month <b>Nov.</b>	Day <b>22</b>	Year <b>1959</b>

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>2-12-1876</b>	<b>9. AGE (last birthday)</b> <b>83</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HR</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At Home</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Jefferson County, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>William Lee</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Melvina Frost</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>sand Late William A. Stove-</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT</b> <b>St. Louis, Mo.</b> Address <b>Richard W. Stovesand 5211 Lansdowne</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 hours</b>
IMMEDIATE CAUSE (a)	<b>Coronary Thrombosis</b>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<b>Arteriooclerotic heart disease</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fernicious anemia</b>		<b>25 years</b>

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) -----
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<b>20c. TIME OF INJURY</b> Hour s.m. p.m. -----	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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**21. I attended the deceased from** July 11, 1945 **to** Nov. 22, 1959 **and last saw her alive on** 11-4-59  
Death occurred at 11:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <i>John F. Rutledge M.D.</i>	<b>22b. ADDRESS</b> <b>Manns Bldg., Festus, Mo.</b>	<b>22c. DATE SIGNED</b> <b>11-24-59</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>23b. DATE</b> <b>Nov. 25, 1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Martin's Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Dittmer, Mo.</b>
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<b>24. FUNERAL DIRECTOR</b> <b>Kriegshauser 4228 S. Kingshighway</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>Nov 25, 1959</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Robert E. Bauer</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Edwin A McNeer  
\_\_\_\_\_

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

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.