

FILED NOV 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35046

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. W Iowa
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Iva STUMBAUGH

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1944 hour 6 minute 30 PM.

21. I hereby certify that I attended the deceased from Nov 1943
to Oct 8 1944
that I last saw her alive on Oct 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death cardiovascular renal hypertension
Due to dissecting aortic aneurysm Duration 2 yrs

Other conditions 131a
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
72 10 10 hr. min.

9. Birthplace Pike Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

MOTHER FATHER
12. Name W Mitchell
13. Birthplace Pike Co Ill
(City, town, or county) (State or foreign country)
14. Maiden name Edna Smart
15. Birthplace Pike Co Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvester Stumbaugh

(b) Address Louisiana, Mo

17. (a) Buried (b) Date thereof 10/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director J. H. Haugh

(b) Address Louisiana, Mo

19. (a) 10/14/44 (b) J. H. Haugh
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury 131a

23. Signature J. H. Haugh (M. D. or other) _____
Address Louisiana, Mo Date signed 10/9/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 11-44-1027

Date Filed NOV 10 1944

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

George O. Wagner

Registered Apprentice No.

working under my personal supervision.

Signed *George O. Wagner*

Licensed Embalmer No.

3173

P. O. Address

Louisiana, La

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.