

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9573

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY OR TOWN Unionville		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) 7 Hours		d. STREET ADDRESS POWERSVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE Hospital			

3. NAME OF DECEASED a. (First) LELLA b. (Middle) BELLE c. (Last) STOTTLEMYRE			4. DATE OF DEATH MAR. 7 1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC. 3 - 1945		9. AGE (In years last birthday) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Putnam County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Virgil Stottlemyre	13b. MOTHER'S MAIDEN NAME ROSE ANNA CULLOR	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Virgil Stottlemyre	ADDRESS Gurneysville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns to body surface toxicemia with acute pulmonary stasis		
	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.		6-91-6	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) CHIEFS HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Unionville; Putnam, Mo.
21d. TIME OF INJURY March 6 49 4:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Clothing caught fire

22. I hereby certify that I attended the deceased from March 6, 1949, to March 7, 1949, that I last saw the deceased alive on Mar. 7, 1949, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE L. W. McDonald (Degree or title) Registrar	23b. ADDRESS Unionville, Mo.	23c. DATE SIGNED 3-8-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 8 - 1949	24c. NAME OF CEMETERY OR CREMATORY WEST LIBERTY CEMETERY	24d. LOCATION (City, town, or county) (State) Putnam County, Mo.
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DATE REC'D BY LOCAL REG. 3-31-49	REGISTRAR'S SIGNATURE Maxwell, Durbin	25. FUNERAL DIRECTOR'S SIGNATURE Comstock FUNERAL HOME	ADDRESS 27 S.W. Comstock Unionville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

86
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RECEIVED

District Health Officer No. 10

District File Number 4-49-59

Date Filed APR 4 - 1949

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.

Signed James W. Somistash

Signed.....
Student Embalmer

Licensed Embalmer No. 4197

P. O. Address Unionville, Mo.

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.