No. 300
10.48

FILED JUN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16592

BIRTH NO. _____ REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5752 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Twelve Mile Township)
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 23 mi. S.W. of Fredericktown

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twelve Mile Township
d. STREET ADDRESS (If rural, give location): 23 mi. S.W. of Fredericktown

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) Ann c. (Last) Sitzes

4. DATE OF DEATH (Month) May (Day) 31 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 4/17/1865
9. AGE (In years last birthday): 84 — If under 1 year: Months 1, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Madison Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Caleb Stacy
13b. MOTHER'S MAIDEN NAME: Eliza Gregory
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: William C. Sitzes ADDRESS: Fredericktown Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & Valvular heart lesions — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio Sclerosis — 30 to 4 yrs
DUE TO (c) [illegible] — 45 to 60

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Fractured Hip Joint — 1948

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1 *, 1948, to* May 31 *, 1949, that I last saw the deceased alive on* May 1 *, 1949, and that death occurred at* P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Henry Barron MD (Degree or title) M
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: June 4 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/1/49
24c. NAME OF CEMETERY OR CREMATORY: Gregory Cemetery
24d. LOCATION (City, town, or county) (State): Madison Co. Mo.

DATE REC'D BY LOCAL REG.: 6-9-1949
REGISTRAR'S SIGNATURE: Florence Hilker 187
25. FUNERAL DIRECTOR'S SIGNATURE: Webb-Adamson
ADDRESS: Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 649-800

Date Filed 6-14-49

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 _____
Student Embalmer

Signed Edward H. Lehmann

Licensed Embalmer No. 4567

P. O. Address Fredericktown, Pa.

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.