

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37968

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>414</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		<u>60</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>516 Center St.</u>				d. STREET ADDRESS (If rural, give location) <u>516 Center St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSINA</u>			b. (Middle) <u>SOPHIA</u>		c. (Last) <u>JUETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1949</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 3, 1910</u>		9. AGE (In years last birthday) <u>39</u> If under 1 year: Months _____ Days _____ If under 12 hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Hannibal, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>August Schulten</u>			13b. MOTHER'S MAIDEN NAME <u>Eva Fosner</u>			14. NAME OF HUSBAND OR WIFE <u>W. Arthur Juett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>W. Arthur Juett, 516 Center,</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure due to Mitral Stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral stenosis</u> DUE TO (c) <u>Scarlet fever</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>20 yrs.</u> <u>20 yrs.</u> <u>410X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept. 1937</u> , to <u>Nov. 27, 1949</u> , that I last saw the deceased alive on <u>Nov. 26, 1949</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. A. Porter B.S.D.O.</u>				23b. ADDRESS <u>412 Center St. Hannibal, Mo.</u>			23c. DATE SIGNED <u>12/3/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-7-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Barthyn A. Schwartz 1000 Broadway Hannibal, Mo.</u>				

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

RECEIVED DEC 8 1949

MARION CO. HEALTH DEPT.

DATE FILED DEC 10 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.

Student _____
Student Embalmer

Signed Paul Richard Beason

Licensed Embalmer No. 4324

P. O. Address Henrietta, 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.