

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41789

State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lillian</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> b. (Middle) <u>Edith</u> c. (Last) <u>Hingslage</u>		4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>25</u> (Year) <u>1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/30/1868</u>
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	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
11a. BIRTHPLACE (State or foreign country) <u>New York City</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Stetter</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Bruns</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stewart Williams</u> ADDRESS <u>California</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>and Essential Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>California</u> <u>Moniteau</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Dec 25 - 1949</u> , to <u>Dec 25 - 1949</u> , that I last saw the deceased alive on <u>Dec 25, 1949</u> , and that death occurred at <u>6:30 m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>R. J. Fulke</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>California, Mo</u>	
23c. DATE SIGNED <u>12-26-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>12/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Brooklyn</u> <u>N. Y.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Williams Fun. Home</u> ADDRESS <u>California, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-26-49</u>		REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u>	

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

68

RECEIVED JAN 10 1950
District Health Officer No. 9,
District File Number

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 *H. E. Friedman*.....

Licensed Embalmer No. *2854*.....

P. O. Address *California 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.