

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2181**

FILED JAN 24 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **308** PRIMARY REG. DIST. NO. **6049** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Femme Osage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Femme Osage</b>	
c. LENGTH OF STAY (in this place) <b>69 years</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Otto</b> b. (Middle) <b>Stock</b> c. (Last) <b>Stock</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Nov. 21, 1880</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 14 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Simon Stock</b>	13b. MOTHER'S MAIDEN NAME <b>Hinnah Friederike</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Alma Bollman</b>	ADDRESS <b>Femme Osage</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>5 yr</b> <b>2 yr</b> <b>892X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Chronic Nephritis</b>		
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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 14, 1950**, to **Jan 16, 1950**, that I last saw the deceased alive on **Jan 16, 1950**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. C. Johnson M.D. U.</b>	23b. ADDRESS <b>Marthorville Mo.</b>	23c. DATE SIGNED <b>1/18/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>1-18-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Femme Osage</b>	24d. LOCATION (City, town, or county) (State) <b>Femme Osage Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 18 1950</b>	REGISTRAR'S SIGNATURE <b>W. V. H. Fluemeyer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marie Muehler Westfall</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED JAN 23 1950

**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 Howard O. Kusler

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.