

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4275

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SMITHVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TURNERY (RURAL) LATHROP TWP</b>	
c. LENGTH OF STAY (in this place) <b>20 DA.</b>		d. STREET ADDRESS (If rural, give location) <b>6250</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SMITHVILLE COMM. HOSPITAL</b>			

3. NAME OF DECEASED a. (First) <b>SUSAN</b>		b. (Middle) <b>GRACE</b>		c. (Last) <b>STITES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4 1950</b>	
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married 1</b>		8. DATE OF BIRTH <b>July 9, 1888</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <b>61 6 25</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Plattsburg Mo. S.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
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13a. FATHER'S NAME <b>R. J. white</b>			13b. MOTHER'S MAIDEN NAME <b>Anna C. Henry</b>			14. NAME OF HUSBAND OR WIFE <b>Otto Stites</b>		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Otto Stites Turney, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Pulmonary Embolism</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombophlebitis</b> DUE TO (c) <b>Stasis &amp; Surgery</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>211 X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Para-ovarian cyst - large</b>						20. AUTOPSY? YES <input checked="" 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 10, 1950**, to **Feb 4, 1950**, that I last saw the deceased alive on **Feb 4, 1950**, and that death occurred at **2 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. Santner M.D.</b> (Degree or title)			23b. ADDRESS <b>Lathrop Mo.</b>			23c. DATE SIGNED <b>Jan 4, 1950</b>		
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24a. BURIAL / CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-7-1950</b>		24c. NAME OF CEMETERY OR CREMATORY: <b>OSBORN Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>OSBORN MO.</b>	
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DATE REC'D BY LOCAL REG. <b>Feb 7-1950</b>		REGISTRAR'S SIGNATURE <b>Beulah Kitchener</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DeMoss CRUNK Cameron, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 13

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-2-50

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 Lawrence J. Thompson

Signed.....  
Student Embalmer

Licensed Embalmer No. 4735

P. O. Address. Cameron, 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.