

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5901

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 41

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Alice</u> c. (Last) <u>Dettling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1950</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>May 30 1880</u>			9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>
11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY

13a. FATHER'S NAME <u>Frank Stricklin</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Adeline Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Dettling</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martin Dettling, Bismarck Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Barcelona of Uterus</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>			
		DUE TO (c)			
		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)	
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 Jan 1, 1949 to Feb 7, 1950, that I last saw the deceased alive on 2-7, 1950, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Huffman M.D.</u> (Degree or title)		23b. ADDRESS <u>Bismarck Mo.</u>		23c. DATE SIGNED <u>2-9-50</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>2-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bismarck Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Feb. 11, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rude</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White & Hill Funeral Home</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0940

0940

174X

RECEIVED

FEB 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-248

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 J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, Md.

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.