

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17863

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6041</u>		Registrar's No. <u>154</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY OR TOWN <u>Thomas township</u>		c. LENGTH OF STAY (in this place) <u>9 months</u>		c. CITY OR TOWN <u>Thomas Township 1910</u>		d. STREET ADDRESS (If rural, give location) <u>14 mi East of Doniphan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 mi East of Doniphan</u>				d. STREET ADDRESS (If rural, give location) <u>14 mi East of Doniphan</u>			
3. NAME OF DECEASED (Type or Print) <u>HERMAN</u>		a. (First) <u>H</u>		b. (Middle) <u>STUEVE</u>		c. (Last) <u>STUEVE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4-20-1950</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	
8. DATE OF BIRTH <u>5/2/1874</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Streetcar Conductor & meterman</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frederick Stueve</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Toepfer</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ripley County welfare office - Doniphan Mo.</u> ADDRESS _____			
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>chronic nephritis</u> ANTECEDENT CAUSES <u>prostatitis chronic</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>5 92X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>April 10, 1950</u> , to <u>April 20, 1950</u> , that I last saw the deceased alive on <u>April 17, 1950</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. White</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Waplevon mo</u>		23c. DATE SIGNED <u>4/22/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/20/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan mo</u>	
DATE REC'D BY LOCAL REG. <u>4-28-50</u>		REGISTRAR'S SIGNATURE <u>C. Johnston</u> 2477		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards - Doniphan Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

RECEIVED 5-8-50
District Health Officer No. 5,
District File Number 850287
Date Filed 5-10-50

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 Bady

not Embalmed Student Embalmer No. _____
working under my personal supervision.

Signed Carl B. Bird

Signed.....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doughan, 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.