No. 300
10.48

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

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19883

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4190 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: GASCONADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLAND
c. LENGTH OF STAY (In this place): 5 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GASCONADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (3rd CREEK TWNSHIP)
d. STREET ADDRESS (If rural, give location): 0 3 1/2

3. NAME OF DECEASED (Type or Print)
a. (First): EMELIE
b. (Middle): LUCY
c. (Last): STUDE

4. DATE OF DEATH (Month) (Day) (Year): 5 - 29 - 50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: NOV. 29-1880
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 5 Days 0 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own-home
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HENRY STUDE
13b. MOTHER'S MAIDEN NAME: ALBERTINA BORLISH
14. NAME OF HUSBAND OR WIFE: August Stude, Bland, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Ed. Stude - Bland, Mo.

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) Left Ventricular Hypertrophy — 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) Valvular Heart Disease — ?
DUE TO (c) Arteriosclerotic Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1949 *to* May, 1950, *that I last saw the deceased alive on* 5-29, 1950, *and that death occurred at* 11:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Keller (Degree or title): M. D.
23b. ADDRESS: Owensville, Mo.
23c. DATE SIGNED: 6-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-1-50
24c. NAME OF CEMETERY OR CREMATORY: Woolem Methodist Church Cem.
24d. LOCATION (City, town, or county) (State): Gasconade county Mo.

DATE REC'D BY LOCAL REG.: June 3, 1950
REGISTRAR'S SIGNATURE: Dorothy Hackmann
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sassmann's Funeral Service-Bland
Chester Sassmann

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 17 1958
District Health Officer No. 9,
District File Number

JUL 9 1953

1958

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 Chester Sassman

Licensed Embalmer No. 4178

P. O. Address Blant Inc.

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.