

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 30

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MARION	
b. CITY OR TOWN RURAL, WARRENTOWNSHIP		c. CITY OR TOWN RURAL, WARRENTOWNSHIP	
c. LENGTH OF STAY (in this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) MONROE CITY RED 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE CITY RED 3			

3. NAME OF DECEASED (Type or Print) MARY ELLEN STODDARD	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MAY 22 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JULY 30TH 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Hours 2	IF UNDER 2 HRS. Min. 2
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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) Marion County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DAVID C. BURDITT	13b. MOTHER'S MAIDEN NAME MARGRET ANN FOSTER	14. NAME OF HUSBAND OR WIFE RAMA P. STODDARD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. W. R. Howell	ADDRESS Monroe City Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Disease of Heart, Acquired		INTERVAL BETWEEN ONSET AND DEATH 1 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Rheumatoid Arthritis		10 yrs.
	DUE TO (c) Fracture Hip old left		10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7220

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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 MAY 20, 1950, to MAY 22, 1950, that I last saw the deceased alive on MAY 22, 1950, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE George Hopson MD	(Degree or title)	23b. ADDRESS Monroe City, Mo	23c. DATE SIGNED 5-24-1950
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE MAY 24 - 1950	24c. NAME OF CEMETERY OR CREMATORY St. Jude's Cemetery	24d. LOCATION (City, town, or county) (State) MONROE CITY MISSOURI
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DATE REC'D BY LOCAL REG. 5/25/50	REGISTRAR'S SIGNATURE E. M. Lusk	EMBALMER'S SIGNATURE WILSON & SON	ADDRESS MONROE CITY MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2640

RECEIVED JUN 24 1950
MARION CO. HEALTH DEPT.
DATE FILED JUN 24 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Leslie L. Wilson

Licensed Embalmer No.

3014

P. O. Address

Monroe City, 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.