

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29858

State File No.

280
1

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

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5329</u>		Registrar's No. <u>20-1950</u>	
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL OAK HILL TWP</u>		c. LENGTH OF STAY (In this place) <u>37 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL OAK HILL TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>OWENSVILLE Mo ROUTE 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JAKES PRAIRIE</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>Margaret</u>			b. (Middle) <u>Eliza</u>		c. (Last) <u>Stovall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 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>Aug. 26, 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>**</u>		11. BIRTHPLACE (State or foreign country) <u>Belleville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Dneker</u>			13b. MOTHER'S MAIDEN NAME <u>Mary C. Housemann</u>		14. NAME OF HUSBAND OR WIFE <u>Robert F. Stovall</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>**</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert F. Stovall Owensville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> <u>may be metastatic</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Diabetes Mellitus?</u> <u>May be secondary to Cds of Pancreas?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
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) <u>7</u> m.		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>May 20, 1950</u> , to <u>9-22, 1950</u> , that I last saw the deceased alive on <u>9-21, 1950</u> and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. J. Schmidt M.D.</u>				23b. ADDRESS <u>Lueders Mo</u>		23c. DATE SIGNED <u>9-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>9-24-195-</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowen Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Red Bird, Mo.</u>		
DATE REC'D BY LOCAL REG <u>9-24-50</u>		REGISTRAR'S SIGNATURE <u>Paul C. Shanklin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. H. White</u>		ADDRESS <u>OWENSVILLE</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 2 1950

RECEIVED

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Michael H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.