

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 34291

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 4390 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Osage County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Meta Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Meta Mo</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) _____ c. (Last) <u>Stickley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb 27 1870</u>
9. AGE (In years last birthday) <u>80</u>		10. MONTHS (Days) (Hours) (Min.) <u>8 1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Lin Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leo Stickney</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Annie Stump</u>		ADDRESS <u>Meta 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>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> <u>5 yrs</u> DUE TO (c) <u>Chronic Hepatitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured rt femur</u> <u>Jan 2, 1950</u> <u>420</u> <u>1 F</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Jan 15, 1947</u> , to <u>Oct 24, 1950</u> , that I last saw the deceased alive on <u>Oct 24, 1950</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. L. B. Beecher</u>		23b. ADDRESS <u>Freeburg Mo</u>	
23c. DATE SIGNED <u>Oct 28, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 30-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Cecilia's cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Meta Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-29-50</u>		REGISTRAR'S SIGNATURE <u>Rose Rowan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman H. Strop</u>		ADDRESS <u>Meta Mo</u>	

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

0760

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 31 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Herman H. Strop

Licensed Embalmer No. 2924

P. O. Address Metz 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.