

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 651

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4144 Registrar's No. 1

270

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Pilot Grove</u>		c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Pilot Grove</u> <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>College Ave</u>		d. STREET ADDRESS <u>College Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>GETTRUDE</u> — — — — <u>KARM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4-1951</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Apr-15-1856</u>	9. AGE (In years last birthday) <u>94</u> Months <u>8</u> Days <u>14</u> Hours <u>—</u> Min. <u>—</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework same</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>John T. Twenter</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lizzie Stohemburg</u> ADDRESS <u>Pilot Grove Mo</u>	
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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, ashenia, etc.—it means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>child imperfection</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>malnutrition</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 27 Dec, 1950, to 4 Jan, 1951, that I last saw the deceased alive on 3 Jan, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James T. Hillie D.O.</u>	23b. ADDRESS <u>2 Pilot Grove, Mo</u>	23c. DATE SIGNED <u>5 Jan 51</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-5-51</u>	REGISTRAR'S SIGNATURE <u>D. Cooper</u> 1381	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays &amp; Hunter</u> ADDRESS <u>Pilot Grove Mo</u>
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RECEIVED 1-8-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 1-8-51

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

*Jayton E. Harris*

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove*

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.