

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17775

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne Mo RR 1</u>	
c. LENGTH OF STAY (In this place) <u>21 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Nine Miles North Norborne Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie M</u> b. (Middle) <u>Stamm</u> c. (Last) <u>Stamm</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1951</u>		
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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>July 27-1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Thomas Cousut</u>		13b. MOTHER'S MAIDEN NAME <u>Alice E Woolsey</u>		14. NAME OF HUSBAND OR WIFE <u>E. H. Stamm Norborne Mo</u>	
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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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. H. Stamm Norborne Mo RR 1</u>		ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>34yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastasis Carcinoma of Breast</u>			
	ANTECEDENT CAUSES <u>of Breast</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Breast</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>				

19a. DATE OF OPERATION <u>3yrs ago</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rt. Breast</u>		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 Apr 17, 1951, to 3-21, 1951, that I last saw the deceased alive on 3-21, 1951, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Atwood</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>3/23/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-23-1951</u>		24c. NAME OF CEMETERY OR CREMATORIAL <u>Fairbourn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3/24/51</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calverto</u>		45		25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Dutek, Jr. Norborne Mo</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 305
10-48



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 John G. Ditch Sr.

Licensed Embalmer No. 3654

P. O. Address Norborne 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.