

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUL 7 - 1951

BIRTH NO.		REG. DIST. NO. <u>319</u>	PRIMARY REG. DIST. NO. <u>6079</u>	Registrar's No. <u>45</u>
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE T.S. WIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL ROUTE # 2</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE # 2 0950</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THERESA</u>		b. (Middle) <u>MARY</u>		c. (Last) <u>PAPIN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1951</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>MARCH 9 1896</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>FRANK STOLL</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY SIEBERT</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK A. PAPIN</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank A. Papin Ste. Genevieve 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall Bladder</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Abdominal Carcinomatosis</u> <u>?</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>155x</u>		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) 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>Sept. 17</u> , 19 <u>51</u> , to <u>June 28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 28</u> , 19 <u>51</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R. G. Lanning M.D.</u>		23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>6/28/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 30 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING CEM STE. GENEVIEVE CO. MO</u>
24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Seac. Baskette, Genevieve, Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 2 - 1951</u>		REGISTRAR'S SIGNATURE <u>Theresa M. Hall Dep.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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File No.
DISTRICT HEALTH OFFICE No. 4

JUL - 5 1951

RECEIVED

FEB 17 1956

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed..... *Alvan J. Elder*

Signed.....
Student Embalmer

Licensed Embalmer No. *4740*

P. O. Address *Ste. Genevieve*

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.