

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30821

State File No.

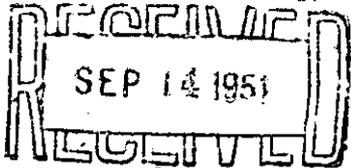
FILED SEP 15 1951

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5746</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>MADISON</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRAL TWP</u>		c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 MI. S.E. OF FREDERICKTOWN</u>	
a. STATE <u>MISSOURI</u>		b. COUNTY <u>MADISON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - CENTRAL TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>12 MI. S.E. OF FREDERICKTOWN</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>MARGIE</u>	b. (Middle) <u>MARIE</u>	c. (Last) <u>STUMBAUGH</u>	(Month) <u>AUG.</u>	(Day) <u>29</u>	(Year) <u>1951</u>	(Type or Print)	6. COLOR OR RACE <u>WHITE</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 2 WEEKS	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<u>INFANT</u>	<u>AUG. 17, 1951</u>	<u>12</u>	<u>12</u>	<u>12</u>			<u>MADISON COUNTY MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>PAUL STUMBAUGH</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA EDMOND</u>	14. NAME OF HUSBAND OR WIFE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARTHA STUMBAUGH</u>	ADDRESS <u>ZION, MO.</u>
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTRIC hemorrhage</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	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>Possibly premature</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) (Min.)	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>Aug 17, 1951</u> , to <u>Aug 24, 1951</u> , that I last saw the deceased alive on <u>Aug 24, 1951</u> , and that death occurred at <u>5:00 A. m.</u> , from the causes and on the date stated above.	23a. SIGNATURE (Degree or title) <u>George W. Johnson</u>	23b. ADDRESS <u>D.O. Fredericktown - Mo.</u>	23c. DATE SIGNED <u>Aug. 30, 1951</u>	24a. BURIAL OR CREMATION, REMOVAL (Specify)	24b. DATE <u>AUG. 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BARBER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
DATE REC'D BY LOCAL REG. <u>9-4-1951</u>	REGISTRAR'S SIGNATURE <u>Therese Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Adamson</u>	ADDRESS <u>Fredericktown, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

WADSWORTH COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 957-48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin Miller

Licensed Embalmer No. 4407

P. O. Address FREDERICKTOWN, 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.