

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3805

State File No.

FILED JAN 31 1952

BIRTH NO. _____		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>6264</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>WEBSTER</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Hazelwood Twp.</u> TOWN _____		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Hazelwood Twn.</u> TOWN _____		d. STREET ADDRESS (If rural, give location) <u>1100 R.R. I.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>JANE</u> c. (Last) <u>STOGSDILL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>I-II-52</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>9-II-1867</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u>		IF UNDER 4 HRS. Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE, (State or foreign country) <u>MARRIS CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLS M. BRANSTETTER</u>			13b. MOTHER'S MAIDEN NAME <u>MARGRET ANN CRIDER</u>			14. NAME OF HUSBAND OR WIFE <u>ELY STOGSDILL</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MENNIE STOGSDILL SEYMOUR MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>				<u>10 hrs</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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Throbotic Encephalomalacia 13 hrs</u>					
		DUE TO (c) <u>Atherosclerosis</u>				<u>3 yrs</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 <u>35.2X</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) (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>Dec-10 1950</u> to <u>Jan-11, 1952</u> , that I last saw the deceased alive on <u>Jan-11, 1952</u> and that death occurred at <u>8:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.R. Gile D.O.</u>				23b. ADDRESS <u>Seymour</u>		23c. DATE SIGNED <u>1-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>I-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>		24d. LOCATION (City, town, or county) (State) <u>SEYMOUR WEBSTER CO MO</u>	
DATE REC'D BY LOCAL BEG. <u>1-28-52</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> <u>3430</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelly Terrell Bergman Seymour MO</u>			

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

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 *K K Kelley*

Licensed Embalmer No. *9334*

P. O. Address *Fardland 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.