

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23439

State File No. _____

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. 357 PRIMARY REG. DIST. NO. 6222 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Moundville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Moundville</u>	
c. LENGTH OF STAY (In this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LURA</u> b. (Middle) <u>JANE</u> c. (Last) <u>STOLZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1952</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>Oct. 11 1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</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 <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Nevada Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Joseph Misener</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Stevens</u>	14. NAME OF HUSBAND OR WIFE <u>Maurice Stolz</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 <u>Maurice Stolz Bronaugh Mo.</u> ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>—</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <u>Heart Condition</u> DUE TO (c) <u>died very suddenly</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
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) <u>#201</u>
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 _____, 19____, to _____, 19____, that I ~~had~~ saw the deceased alive on June 4, 1952 and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter D. Thurman</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Nevada Missouri</u>	23c. DATE SIGNED <u>6-12-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 7 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Worsley</u>
		24d. LOCATION (City, town, or county) (State) <u>Bronaugh Mo.</u>

DATE REC'D BY LOCAL REG. <u>June 16/52</u>	REGISTRAR'S SIGNATURE <u>Mrs Ruth Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald Deery</u> ADDRESS <u>Sheldon Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

080
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JUL 22 1952
JUL 22 1952

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.....

L. Gerald Berry

Signed.....

Student Embalmer

Licensed Embalmer No.

4203

P. O. Address.....

Sheldon 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.