

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26834**

FED JUL 29 1952 BIRTH NO. _____		REG. DIST. NO. <b>325</b>		PRIMARY REG. DIST. NO. <b>4478</b>		Registrar's No. <b>24</b>	
1. PLACE OF DEATH a. COUNTY <b>Schuyler 0980</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler 0980</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Lancaster Mo.</b>		c. LENGTH OF STAY (In this place) <b>23 yrs</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Lancaster</b>		d. STREET ADDRESS (If rural, give location) <b>_____</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home in Lancaster</b>				3. NAME OF DECEASED a. (First) <b>MINERVA</b> (Type or Print) <b>Minerva</b> b. (Middle) <b>ANN</b> <b>Ann</b> c. (Last) <b>STOTLER</b> <b>Stotler</b>			
4. DATE OF DEATH <b>July 16, 1952</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	
8. DATE OF BIRTH <b>May 14, 1871</b>		9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>_____</b>	
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John Stotler</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>_____</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ida M. Nulton</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>  ANTECEDENT CAUSES DUE TO (b) <b>Arthritis and</b> DUE TO (c) <b>Valvular disease of Heart</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>A fall causing spinal injury 4 years ago</b>				INTERVAL BETWEEN ONSET AND DEATH <b>62 hours</b> <b>4 years</b> <b>4 years</b> <b>4 years</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>4214</b>				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)		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 <b>June 1st, 1948</b> , to <b>July 16, 1952</b> , that I last saw the deceased alive on <b>July 14, 1952</b> , and that death occurred at <b>6 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ida M. Nulton, M.D.</b>				23b. ADDRESS <b>Lancaster, Mo.</b>		23c. DATE SIGNED <b>July 17, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-18-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>UNIONVILLE CEM</b>		24d. LOCATION (City, town, or county) (State) <b>UNIONVILLE, MO.</b>	
DATE RECD BY LOCAL REG. <b>Jul. 20. 52</b>		REGISTRAR'S SIGNATURE <b>W. R. Drake</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter R. Head</b>			
				ADDRESS <b>Lancaster, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Everett R. Head

Signed.....

Student Embalmer

Licensed Embalmer No. 4038

P. O. Address Lancaster 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.