

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2078

FILED FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia 0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Sedalia mo</u>		d. STREET ADDRESS (If rural, give location) <u>1228 Stewart 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Stober</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6 1953</u>
--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Jan 19-1873</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>0</u> DAYS <u>11</u> IF UNDER 24 HOURS Hours <u>11</u> Min.
-----------------	---------------------------	---	-------------------------------------	---

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>Galion Ohio 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
--	---	--	---------------------------------------

13a. FATHER'S NAME <u>John Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Do not know</u>	14. NAME OF HUSBAND OR WIFE <u>unk</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>Mrs Lottie Deman</u> ADDRESS <u>Sedalia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bone</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>Pathologic fracture of left humerus</u> <u>Reynolds anemia</u>		196 X <u>1 month</u> <u>3 months</u>	

19a. DATE OF OPERATION <u>1937</u>	19b. MAJOR FINDINGS OF OPERATION <u>Resection of right Breast - Resection uterus</u>	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.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia, Pettis mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 21 53 6 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell at home</u>
---	---	--

22. I hereby certify that I attended the deceased from Sept 1952, to Feb 1953, that I last saw the deceased alive on 2/6, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas J. Hoptman M.D.</u> (Degree or title)	23b. ADDRESS <u>Sedalia, mo.</u>	23c. DATE SIGNED <u>2/1/53</u>
--	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-6-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>	24d. LOCATION (City, town, or county) (State) <u>Smithton mo</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-10-1953</u>	REGISTRAR'S SIGNATURE <u>A. J. Campbell M.D. Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Kemmerer</u> ADDRESS <u>Smithton mo</u>
---	---	---

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

804
0

FEB 24 1953

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

A. F. Neumeier

Signed.....
Student Embalmer

Licensed Embalmer No. *3912*

P. O. Address *Smithton MD*

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.