

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13266

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 115

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Boone</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	c. LENGTH OF STAY (in this place)	d. STREET ADDRESS (If rural, give location) <u>Route 5</u>
c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		d. COUNTY <u>Boone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
f. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		f. STREET ADDRESS <u>Route 5</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>August</u>	b. (Middle) <u>Fernand</u>	c. (Last) <u>Stude</u>	<u>4-21-53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-11-75</u>	9. AGE (In years last birthday) <u>78</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Drake, Missouri</u>	
13a. FATHER'S NAME <u>Henry Stude</u>			13b. MOTHER'S MAIDEN NAME <u>Melinda Autterbeide</u>		
13c. FATHER'S NAME <u>Henry Stude</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Brandhorst</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Stude</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Coronary Thrombosis</u>		<u>6 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES		3. INTERVAL BETWEEN ONSET AND DEATH	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Myocarditis</u>		<u>10 years</u>	
		DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS		11. OTHER SIGNIFICANT CONDITIONS		11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic Hypertension of Prostate</u>		<u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				<u>4201</u>	

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 ~~March 28, 1953~~, to April 21, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 am m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry H. Sweet, Jr. M.D. Coroner 3</u>		23b. ADDRESS <u>909 University Ave Columbia Mo</u>		23c. DATE SIGNED <u>4/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reinterment</u>		24b. DATE <u>April 23 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bland</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reinterment</u>		24b. DATE <u>April 23 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bland</u>	
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DATE REC'D BY LOCAL REG. <u>April 23 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer 3/0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parkers Funeral Service</u>	
				ADDRESS <u>Columbia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

LED APR 27 1953

105
0

MAY 11 1953

JUN 2 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed J. W. P. Kelly
Licensed Embalmer No. 4897
P. O. Address Columbus, Ohio

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.