

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13821**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Clay township) c. LENGTH OF STAY (in this place) entire life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Clay township) 0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION family home		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MARIE c. (Last) STADTLANDER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 11 - 1900
9. AGE (in years last birthday) 53		10. MONTHS 28	11. DAYS 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HENRY LAHMEYER	
13b. MOTHER'S MAIDEN NAME CHARLOTTE JUEDEMANN		14. NAME OF HUSBAND OR WIFE FRED STADTLANDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Fred Stadtländer ADDRESS Bland, Mo.
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uterine Carcinoma.	
		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES	
		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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cancer.		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) (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 March 19 54 to March 25 19 53 , that I last saw the deceased alive on Feb 25, 19 53 , and that death occurred at 8:40 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE L.A. Bunge, M.D. (Degree or title)		23b. ADDRESS Bland Mo.	23c. DATE SIGNED March 19 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/11/53	24c. NAME OF CEMETERY OR CREMATORY Evangelical Church	24d. LOCATION (City, town, or county) (State) BLAND, MISSOURI
DATE REC'D BY LOCAL REG. 5-15-53	REGISTRAR'S SIGNATURE L. A. Bunge	25. FUNERAL DIRECTOR'S SIGNATURE Carl Sasmann ADDRESS Sasmann's Funeral Service Bland	

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

370
1

MAY 15 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 Chester Sasser

Licensed Embalmer No. 4178

P. O. Address Blond - me.

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.