

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

36332

State File No. _____

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5597 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-- Joachim Township 8yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Joachim Township</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Near Jarvis, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Jarvis, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>STOLTS</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10, 1953</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 25, 1868</u>	9. AGE (In years last birthday) <u>85</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 MTH. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Taylor Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>Patrick Mulry</u>	13b. MOTHER'S MAIDEN NAME <u>Briggett McLaughlin</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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 ADDRESS <u>Mrs. Karl Wieland Hillsboro, Mo.</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, recurring, right breast.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		INTERVAL BETWEEN ONSET AND DEATH <u>34 yrs</u>
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19a. DATE OF OPERATION <u>1919</u>	19b. MAJOR FINDINGS OF OPERATION <u>Right breast removed at Mayo Clinic in 1919 for carcinoma; details unknown</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 April 14, 1945, to Oct. 10, 1953, that I last saw the deceased alive on August 25, 1953, and that death occurred at 7:30P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John F. Rutledge M.D.</u>	23b. ADDRESS <u>Crystal City, Mo.</u>	23c. DATE SIGNED <u>10-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 13, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sechlerville Wisc.</u>	24d. LOCATION (City, town, or county) (State) <u>Sechlerville Wisconsin</u>
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DATE REC'D BY LOCAL REG. <u>OCT 26 1953</u>	REGISTRAR'S SIGNATURE <u>Chad A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heiligtag Funeral Home Imperial, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED OCT 14 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

Arthur W. Heiligtag

Licensed Embalmer No.

3872

P. O. Address

Imperial Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.