

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36477

State File No.

FILED OCT 16 1953

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4716 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel. (Rural 1)</u>	
c. LENGTH OF STAY (in this place) <u>63 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) <u>Caroline</u>	a. (First)	b. (Middle) <u>Avery</u>	c. (Last) <u>Stauber</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 21, 1970</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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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 <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>State of Penn.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>James Avery</u>	13b. MOTHER'S MAIDEN NAME <u>Ruie Stevens</u>	14. NAME OF HUSBAND OR WIFE <u>James Stauber</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	(If yes, state war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Master Stauber</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive pulmonary hemorrhage</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
DUE TO (b) <u>Carcinoma left lung</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>163X</u>
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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? _____
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22. I hereby certify that I attended the deceased from 9/23/1953, to 9/23/1953, that I last saw the deceased alive on 9/23/1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. D. Fountain 2 D.O.</u>	23b. ADDRESS <u>Noel, Mo.</u>	23c. DATE SIGNED <u>Sept 29, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Noel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Noel, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-2-53</u>	REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>	4-35	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Humphrey</u>	ADDRESS <u>Noel, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600
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DEC 3 1958

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 *W. M. Humphrey Jr.*

Licensed Embalmer No. *4709*

P. O. Address *Noel 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.