

FILED AUG 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 25765

BIRTH NO.		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 148		
1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Franklin.				
b. CITY (If outside corporate limits, write RURAL and give township) Washington.		c. LENGTH OF STAY (in this place) 5 day.		c. CITY OR TOWN Labadie.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.				e. STREET ADDRESS (If rural, give location) R.F.D. 3 1/2 mi. East of Labadie.				
3. NAME OF DECEASED (Type or Print) Pauline Augusta Stettes			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug. 19th, 1955.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25th, 1889		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Day 24 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife.		10b. KIND OF BUSINESS OR INDUSTRY Home.		11. BIRTHPLACE (City and State or Foreign Country) Labadie, Mo. R.F.D.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Frederick Schultz.			13b. MOTHER'S MAIDEN NAME Emma Weber.		14. NAME OF HUSBAND Walter Stettes.			
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 Walter Stettes			ADDRESS Labadie, Mo.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 345X 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 15 yrs 720 1 hour	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 10-26, 1954, to 8-19, 1955, that I last saw the deceased alive on 8-19, 1955, and that death occurred at 10:00 PM, from the causes and on the date stated above.								
23a. SIGNATURE W. E. Hubbard				(Degree or title) M.D.		23b. ADDRESS 220 Elm, Washington, Mo.	23c. DATE SIGNED 8-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 22, 1955.	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery,		24d. LOCATION (City, town, or county) (State) Labadie, Mo.			
DATE REC'D BY LOCAL REG. 8/22/55		REGISTRAR'S SIGNATURE F. E. Huberman		25. FUNERAL DIRECTOR'S SIGNATURE G. L. E. Huberman		ADDRESS Nielburg & Witt, Inc. Washington, Mo.		

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

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
Signature of Student Embalmer

Signed *Jerome F Swoboda*
Licensed Embalmer No. *457*

P. O. Address *Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.