

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **900**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Union</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Union</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>321 E. Roosevelt</b>				e. STREET ADDRESS (If rural, give location) <b>321 E. Roosevelt</b>				<b>036/0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b>			b. (Middle) <b>E.</b>		c. (Last) <b>Stoner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 18 1877</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1-YEAR Months <b>7</b> Days <b>21</b>	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Gray Summit, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>James Burns</b>			13b. MOTHER'S MAIDEN NAME <b>Collie Williams</b>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lee Stoner</b>		ADDRESS <b>St. Louis, Mo.</b>			
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Peptic Ulcer</b> 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 <b>30 min</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>5400</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>1952</b> , to <b>Feb. 9, 1956</b> , that I last saw the deceased alive on <b>2-7-1956</b> , and that death occurred at <b>8:30 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>H.M. Senny</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Union Mo</b>		23c. DATE SIGNED <b>2-10-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/12/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Union Franklin Mo.</b>				
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <b>H.T. Cooper 98</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>E.F. Altman</b>		ADDRESS <b>Union Mo</b>		

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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..... *E. F. Oltmann* .....

Licensed Embalmer No. *1686*.....

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