

THE DIVISION OF REAL ESTATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4238

STATE FILE NUMBER

FILED FEB 27 1957

Registration District No. 114 Primary Registration District No. 48E Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SULLIVAN</u>		c. CITY OR TOWN <u>SULLIVAN</u> <u>0360</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
4. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSP.</u>		Length of stay in lb <u>3 WKS.</u>	
d. STREET ADDRESS <u>R.R. 1 BOONET WSP</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>LEE</u> Last <u>STUMPE</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>18</u> Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 12, 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>
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 —	11. BIRTHPLACE (City and state or country) <u>FRANKLIN Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>JOHN MITCHELL</u>			14. MOTHER'S MAIDEN NAME <u>MARY ANN SOUDERS</u>		
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 <u>TRACEY STUMPE, SULLIVAN, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DILATATION OF Heart due to Overstrain</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Branchial Asthma</u>	<u>1 month.</u>
	DUE TO (c) <u>Virus Pneumonitis</u>	<u>3 months.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>	
20c. TIME OF INJURY Hour <u>6:00 A</u> Month <u>2</u> Day <u>18</u> Year <u>1957</u> a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-18-57 and last saw her ^{her} _{human} alive on Feb. 18, 1957.
Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ronald H. Scott D.O. 22b. ADDRESS Sullivan, Missouri 22c. DATE SIGNED 2/21/57

23a. BY WHOM REMOVAL (Specify) BURIAL 23b. DATE FEB. 20, 1957 23c. NAME OF CEMETERY OR CREMATORY SCHMIDT CEM. 23d. LOCATION (City, town, or county) (State) STRAIN Mo.

24. FUNERAL DIRECTOR ADDRESS W. Eaton Sullivan, Mo. 25. DATE RECD. BY LOCAL REG. 2/21/57 26. REGISTRAR'S SIGNATURE Thomas A. Dempsey

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be inserted in Part I unless they are causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *J. P. Humphrey*.....

Licensed Embalmer No. *477*

P. O. Address *Sullivan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.