

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9619

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 wks.</b>		e. STREET ADDRESS (if rural, give location) <b>810 South Marvin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EMMA</b>	b. (Middle) <b>PAULINE</b>	c. (Last) <b>STAUS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 12, 1957</b>
-------------------------------------	------------------------	----------------------------	------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 29, 1890</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pettis County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>Ed. Lueck</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Weller</b>	14. NAME OF HUSBAND OR WIFE <b>Jake Staus</b>
-------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	(If yes, give war or dates of service) <b>*****</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jake Staus, 810 S. Marvin, Sedalia, Mo.</b>	ADDRESS
--	---	-------------------------------------	--	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Metastatic Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of sigmoid</b>		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>153x</b>			

19a. DATE OF OPERATION <b>June 1954</b>	19b. MAJOR FINDINGS OF OPERATION <b>Ca. of sigmoid (Ellis Fischel Hosp)</b>	20. AUTOPSY? <b>2</b> 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 May, 1954, to Mar 12, 1957, that I last saw the deceased alive on 3-12, 1957, and that death occurred at 8:50 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. R. Boger M.D.</b>	23b. ADDRESS <b>Sedalia Mo</b>	23c. DATE SIGNED <b>3/13/57</b>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/15/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Patrick's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bahner, Pettis County, Mo.</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>3/15/57</b>	REGISTRAR'S SIGNATURE <b>Franco Shelby</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mane Curry</b>	ADDRESS <b>Sedalia, Mo.</b>
---	--	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

541-0

**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 P. E. Baker .....

Licensed Embalmer No. 2419 .....

P. O. Address Sealdia .....

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.