

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1923**

FILED JAN 20 1958

BIRTH NO. _____ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **3**

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) Brookfield		c. CITY OR TOWN Brookfield	
c. LENGTH OF STAY (in this place) 2 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brookfield Nursing Home		e. STREET ADDRESS (If rural, give location) 201 E. Hubbard	
3. NAME OF DECEASED a. (First) Maryne b. (Middle) A c. (Last) Stoelting			4. DATE OF DEATH (Month) (Day) (Year) Jan 9 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6, 1884
9. AGE (In years) (Last birthday) 73		10. AGE (In years) (Months) (Days) (Hours) (Min.) 5 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Linn MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James A. Aguster		13b. MOTHER'S MAIDEN NAME Mary G. Daubny	
14. NAME OF HUSBAND OR WIFE Ernest J. Stoelting			
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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. J. Murphy		ADDRESS Savoy City, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation (Congestive failure)		INTERVAL BETWEEN ONSET AND DEATH 12 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart Disease		17 yrs.	
DUE TO (c) Arteriosclerosis and advanced renal pathology			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 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) 443X			
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 March 17, 1956 , to Jan. 9, 1958 , that I last saw the deceased alive on 1/12/58 , 19 58 , and that death occurred at 9:13 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE John W. White, D. O.		23b. ADDRESS Brookfield, Missouri	
23c. DATE SIGNED 1/11/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) removed		24b. DATE 1/12/58	
24c. NAME OF CEMETERY OR CREMATORY Westdale		24d. LOCATION (City, town, or county) (State) Brookfield, MO	
DATE REC'D BY LOCAL REG. 1-11-58		REGISTRAR'S SIGNATURE Katharine Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE Bouden General Home		ADDRESS Brookfield, MO	

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1958

APR 9 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.....
Signature of Student Embalmer

Signed *James B. McChland*

Licensed Embalmer No. *4231*

P. O. Address *Brookfield*

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.