

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013657
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 139

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 111 E. McCarty St. 17yrs		d. STREET ADDRESS (If outside, give location) 111 East McCarty St.	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Hallene Catherine Stolte			4. DATE OF DEATH Month Day Year May 1 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1905 Sept. 15-1906
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk	11. BIRTHPLACE (City and state or country) Boone Co., Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Board of Health	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles E. Stolte		13b. MOTHER'S MAIDEN NAME Elizabeth Lohrey	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.	17. INFORMANT Address Louise Snodgrass, Jefferson City, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH 6 months
DUE TO (b) Primary Adenocarcinoma (left ovary)			2 years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1750			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 June 1, 1956 to May 1, 1958 and last saw her alive on May 1, 1958 Death occurred at 9:15 PM m, on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Archie D. Poucher D.O.		22b. ADDRESS 217 Cherry Jefferson City, Mo	22c. DATE SIGNED 5-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May-3-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	23d. LOCATION (City, town, or county) (State) Hartsburg, Missouri
24. FUNERAL DIRECTOR Thorpe J Gordon, Jefferson City, Mo		25. DATE RECD. BY LOCAL REG. 3 May 1958	26. REGISTRAR'S SIGNATURE R.P. Harris, MD-MR.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by Affidavit 5/16/62

JUN 22 1958

JUL 23 1958

1958

MS APR 2 1958

MAY 6 1958

MS APR 2 1958

MS APR 2 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: *Joseph J. Gordon*

Licensed Embalmer No. 1786
P. O. Address: *J. J. Gordon*

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.