

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026333  
STATE FILE NUMBER

S. 300  
v. 1-57  
1

FILED JUL 29 1958

Registration District No. 231 Primary Registration District No. 4342 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <b>MONTGOMERY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MONTGOMERY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JONESBURG</b>		c. CITY OR TOWN <b>JONESBURG</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	
		6700 STREET ADDRESS (If outside, give location)	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<b>EdA</b>	<b>WILLELMINA</b>	<b>STOECKLIN</b>	<b>7</b>	<b>16</b>	<b>58</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 10 - 1889</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Montgomery County</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Henry Fischer</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Linke</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Maxeo Woods Jonesburg MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chc. Cardio-Vascular Dis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 d.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Terminal Pneumonia</b>	
	DUE TO (c) <b>4221</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Multiple Sclerosis</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from <b>11-25-57</b> to <b>7-16-58</b> and last saw her alive on <b>7-15-58</b> Death occurred at <b>1:30 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>A. Walter Cyrenius</b>	22b. ADDRESS <b>Jonesburg MO</b>	22c. DATE SIGNED <b>7/18/58</b>
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23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <b>July 19 - 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>JONESBURG</b>	23d. LOCATION (City, town, or county) (State) <b>JONESBURG MO</b>
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24. FUNERAL DIRECTOR <b>Edel Harding</b>	ADDRESS <b>Jonesburg MO</b>	25. DATE RECD. BY LOCAL REG. <b>7-22-58</b>	26. REGISTRAR'S SIGNATURE <b>Jaura B Callaway</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Paul A. Harding* .....

Licensed Embalmer No. *4115* .....  
P. O. Address *Jonesbury, Vt.* .....

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.