

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005071

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 115-116 Primary Registration District No. 3030 Registrar's No. 65

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>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Washington</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			Length of stay in 1b <u>life</u>		d. STREET ADDRESS (If outside, give location) <u>R.I.E.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Beverly Ann</u> Middle <u>Stolte</u> Last <u>Stolte</u>				4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 6, 1959</u>		9. AGE (In years) IF UNDER 1 YEAR last birthday Months Days Hours Min. <u>2</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Byron Stolte</u>			13b. MOTHER'S MAIDEN NAME <u>Mary G. Modersky</u>			14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, give war or dates of service))		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Byron Stolte, Washington, R.I.E., Mo.</u> Address				
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>Non viable (6.5 mo) Gestation.</u>						INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Miscarriage.</u>								
DUE TO (c) <u>Cause of miscarriage not known</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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>3/6/59</u> to <u>3/6/59</u> and last saw her/him alive on <u>3/6/59</u> Death occurred at <u>1230 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>J.P. Post M.D.</u>				22b. ADDRESS <u>Washington Mo</u>		22c. DATE SIGNED <u>3/6/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>Funeral</u>		<u>MAR. 7, 1959</u>	<u>St. Francis Cemetery</u>		<u>Washington Missouri</u>			
24. FUNERAL DIRECTOR <u>Nieburg Witt Inc. Washington Mo.</u> <u>J. H. Witt.</u>			25. DATE RECD. BY LOCAL REG. <u>3/7/59</u>		26. REGISTRAR'S SIGNATURE <u>J.C. Sedman G. L. Sedman</u>			

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 *Lester A. Velt* .....

Licensed Embalmer No. *3254* .....

P. O. Address *Washington* .....

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.