

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000868

FILED VS FEB 14 1961

115-116

Primary Registration District No. 3020

Registrar's No. 31

STATE FILE NUMBER

DATE AMENDED

AMENDED

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>				2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Franklin</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Washington</i>		Length of stay in 1b <i>40 yrs</i>		c. CITY OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Francis Hospital</i>				d. STREET ADDRESS (If outside, give location) <i>511 Hickory St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Emma</i> Middle <i>E.</i> Last <i>Stumpe</i>				4. DATE OF DEATH Month <i>Feb.</i> Day <i>3</i> Year <i>1961</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>10/23/1884</i>	
9. AGE (last birthday) <i>76</i>		IF UNDER 1 YEAR Months <i>3</i> Days <i>10</i>		IF UNDER 24 HR Hours <i>10</i> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Some makes Cown Home</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Some makes Cown Home</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Northaville Mo.</i>		11. BIRTHPLACE (City and state of country) <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Herman Hinrich</i>				13b. MOTHER'S MAIDEN NAME <i>Wilamin Bierbaum</i>		14. NAME OF HUSBAND OR WIFE <i>George Stumpe W.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Geo Stumpe W, Washington, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i>						<i>4 days</i>	
DUE TO (b) <i>Arteriosclerotic Heart Disease</i>						<i>20 years</i>	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 <i>1956</i> to <i>Feb 3, 1961</i> and last saw her alive on <i>Feb 3, 1961</i> Death occurred at <i>2:00 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>John Bryan MD</i>				22b. ADDRESS <i>Washington, Mo</i>		22c. DATE SIGNED <i>2-3-61</i>	
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Feb. 6, 1961</i>		23b. DATE <i>Feb. 6, 1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>	
24. FUNERAL DIRECTOR <i>McBurg & Witt, Washington, Mo</i>				25. DATE RECD. BY LOCAL REG. <i>2/4/61</i>		26. REGISTRAR'S SIGNATURE <i>J.P. Sulman</i>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

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.