

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018089

STATE FILE NUMBER

AMENDED

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 20

FILED JUN 12 1961

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

3. NAME OF DECEASED (Type or print) First MARGARET Middle ELIZABETH Last STUTSMAN	4. DATE OF DEATH Month June Day 5 Year 1961
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 29 July 1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 67 Days	IF UNDER 24 HR Hours 67 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Garden City, Kan.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Thomas E. Thacker	13b. MOTHER'S MAIDEN NAME Mary Ellen Howard	14. NAME OF HUSBAND OR WIFE John A. Stutsman
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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. none	17. INFORMANT J. A. Stutsman	Address Edina, Mo
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory Failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Acute Pericarditis & Effusion	
DUE TO (b)	Lobar Pneumonia	
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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 3:00 Month, Day, Year May 21	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 Edina, Mo.	COUNTY Mo.	STATE
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21. I attended the deceased from May 21 to June 5 and last saw her June 5, 1961 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. W. Gibson D.D.	(Degree or title)	22b. ADDRESS Edina, Mo.	22c. DATE SIGNED 6-7-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7 June '61	23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery	23d. LOCATION (City, town, or county) Edina, Missouri	(State)
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24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME	ADDRESS Edina, Mo	25. DATE RECD. BY LOCAL REG. June-7-1961	26. REGISTRAR'S SIGNATURE Nell S. Hunst
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 _____



Licensed Embalmer No. 5041

P. O. Address China, Md

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.