

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2082

State File No.

BIRTH NO.		REG. DIST. NO. <u>234</u>		PRIMARY REG. DIST. NO. <u>5796</u>		Registrar's No. <u>12</u>		
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA, MO.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <i>Walker Rural</i>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Walker Rural</u>				d. STREET ADDRESS (If rural, give location) <u>California Rural</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE CAROLINE STOCK</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 5, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr. 18, 1877</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Seamstress</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James H. Stock</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Knorr</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kuenkler, California, Mo.</u>				ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>					3 years	
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 3, 1949</u> , to <u>Feb 5, 1952</u> , that I last saw the deceased alive on <u>Feb 5, 1952</u> and that death occurred at <u>11:00 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Henry Latham M.D.</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>2-8-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>California, Moniteau, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-9-52</u>		REGISTRAR'S SIGNATURE <u>H.R. Popejoy L.R. 202</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME, CALIFORNIA, MO</u>				ADDRESS

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

W. E. Friedmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California 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 this body is not embalmed, fact should be so stated above.