

1. PLACE OF DEATH:
Jasper

(a) County: **Jasper**

(b) City or town: **Joplin City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **6 hours**
(Specify whether years, months or days)

In this community: **16 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** County: **Jasper**

(c) City or town: **Waco**
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME **Elvina Louise Stegink**

3. (b) If veteran, name war: * * * 3. (c) Social Security No. * * *

4. Sex: **Fem** 5. Color or race: **W** 6. (a) Single, widowed, married, divorced: **single**

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: **September 12, 1925**
(Month) (Day) (Year)

8. AGE: Years: **16** Months: **8** Days: **-** If less than one day: hr. min.

9. Birthplace: **Waco Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **student**

11. Industry or business:

MOTHER FATHER

12. Name: **Garrett Stegink**

13. Birthplace: **Cawker City Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name: **Eva Conzen**

15. Birthplace: **Joplin Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Eva Stegink**
 (b) Address: **Waco Missouri**

Burial

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof: **5-16-42**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Fairview Cem. Hurlbut Und. Co.**

18. (a) Signature of funeral director: **P. A. Hurlbut**
 (b) Address: **Joplin, Mo.**

19. (a) **5-15-42** (b) **Hertude Shudhotter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12** year **1942** hour **10** minute **15 P.M.**

21. I hereby certify that I attended the deceased from to
 that I last saw alive on and that death occurred on the date and hour stated above.

Immediate cause of death: **Concussion of brain broken neck**

Due to: **Automobile accident**

Due to: **Ran off highway due to careless driving**

Other conditions: **4**
(Include pregnancy within 3 months of death)

Major findings: **1700**
 Of operations:
 Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: -

(a) Accident, suicide, or homicide (specify): **Accident**

(b) Date of occurrence: **May 12, 1942**

(c) Where did injury occur?: **Jasper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place)

While at work? **No** (e) Means of injury: **Car**

23. Signature: **P. A. Hurlbut** (M. D. or other) **Cronin**
 Address: **Carthage Mo** Date signed: **May 18 1942**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

425-451

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed *Perry T. Hurlbut*
Licensed Embalmer No. *109*
P. O. Address *245 W. 11th*

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.