

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 14

BUREAU OF THE CENSUS
FILED DEC 9 1942
Registration District No. 229

Primary Registration District No. 5809

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00

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

1. PLACE OF DEATH:

(a) County Montgomery Co.

(b) City or town Mineola, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)

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

In this community One year 6 Moths

2. USUAL RESIDENCE OF DECEASED: -70

(a) State Missouri. (b) County Montgomery Co.

(c) City or town Mineola, Mo. Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto Stiegmann.

MEDICAL CERTIFICATION

3. (b) If veteran, name war. XX

20. DATE OF DEATH: Month NOV day 29th
year 1942 hour 5 minute A M.

4. Sex Male

21. I hereby certify that I attended the deceased from Jan. 12, 1942 to Nov 29, 1942
that I last saw him alive on Nov. 28, 1942
and that death occurred on the date and hour stated above.

5. Color or Race W

Immediate cause of death: Coronary Occlusion

6. (a) Single, widowed, married, divorced Married

Due to Coronary Occlusion 1 yr

6. (b) Name of husband or wife Bertha Stiegmann.

Due to Ch. Hemiplegia Sudden

6. (c) Age of husband or wife if alive 55 years

Due to Cardiac Decompensation 3 Mo's

7. Birth date of deceased Dec 13th - 1892
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 49 Months II Days 16 If less than one day _____ hr. _____ min.

Major findings: Of operations 94

9. Birthplace New Florence, Mo. Rural
(City, town, or county) (State or foreign country)

Of autopsy _____

10. Usual occupation Farmer

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Henry Stiegmann.

13. Birthplace Unknown - Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Anne M. Meterotto.

15. Birthplace Osage Co., Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Razena Stiegmann
(b) Address Bluffton, Missouri

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Dec 3rd 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Parton Parton
(b) Address Americus, Mo.

19. (a) Dec. 2-1942
(Date received local registrar) (b) Mrs. Elmer Zweifel
(Registrar's signature)

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.....

D. B. Baker. Registered Apprentice No.....

working under my personal supervision.

Signed.....

D B Baker

Licensed Embalmer No..... 3375

P. O. Address..... Americus, 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.