

2  
9-4-41  
-17-39  
X29484

FILED APR 11 1944

Registration District No. **7**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County **Callaway**

(b) City or town **Fulton**

(c) Name of hospital or institution: **State Hospital 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 days**  
(Specify whether years, months or days)

In this community **20 days**

3. (a) PRINT FULL NAME **Chris Steck**

3. (b) If veteran, name war **No Record**

3. (c) Social Security No. **No Record**

4. Sex **M**

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 **DK**

8. AGE:

Years	Months	Days	If less than one day
<b>57</b>			hr. _____ min.

9. Birthplace **Mo** (City, town, or county) **0** (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER {

12. Name **Henry Steck**

13. Birthplace **Mo** (City, town, or county) **0** (State or foreign country)

14. Maiden name **Kate Uthe**

15. Birthplace **Mo** (City, town, or county) **0** (State or foreign country)

16. (a) Informant **Record**

(b) Address **Fulton mo**

17. (a) **removal** (Burial, cremation, or removal)

(b) Date thereof **march 22-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Troy mo**

18. (a) Signature of funeral director **Wallace Howard**

(b) Address **Fulton mo**

19. (a) **3-22-1944** (Date received local registrar)

(b) **Josie Morsue** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **Lincoln**

(c) City or town **Troy** **2**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **22** year **1944** hour **5:35** minute **0** M.

21. I hereby certify that I attended the deceased from **March 2**, 19**44**, to **March 22**, 19**44**, that I last saw him alive on **March 21**, 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Hemorrhage possibly due to carcinoma (Autopsy denied)**

Due to **Hypertension - generalized arteriosclerosis**

Due to \_\_\_\_\_

Other conditions **Right side hemiplegia** (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **H&E**

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature **Josie Morsue** (M. D. or other)

Address **Fulton mo** Date signed **3/20/44**

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-10-44

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

*Kenneth C. Blouning*

Licensed Embalmer No. 2724

P. O. Address

*Fulton 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.