FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 22876

Registrar's No. 665

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution Springfield Baptist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas 34

(c) City or town Ava - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural - Ava
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Catherine Stecker

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F.

5. Color or race White

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

6. (b) Name of husband or wife T. M. Stecker

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Dec. (Month) 28 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	12	hr. min.

9. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Home

FATHER
12. Name John A Brumbaugh
13. Birthplace ? Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Wolf
15. Birthplace ? Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Stecker
(b) Address Ava, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ava Mo

18. (a) Signature of funeral director G. W. Clinkingbeard
(b) Address Ava, Mo

19. (a) 8-10-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1948 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 5, 1948, to Aug 10, 1948; that I last saw her alive on Aug 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	4 hr.
Due to	
Due to	
Other conditions Diabetes Mel. Hypertension (Include pregnancy within 3 months of death)	Discovered Aug 4 '48

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature Guy D Calloway (M. D. or other) MD

Address Springfield Mo Date signed 8/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.