

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 686

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If location; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>63</u> OR TOWN <u>Urena Mo</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIVIAN</u> b. (Middle) <u>NOMIA</u> c. (Last) <u>STEGEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-12-49</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 25, 1926</u>		9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days <u>16</u> Hours <u>16</u> Min.
10. USUAL OCCUPATION (Give kind of work when during most of working life even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Urena, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Krueger</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Louis G. Stegeman Jr.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis G. Stegeman Jr.</u> ADDRESS <u>Fack, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION, I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Type unknown)</u> ANTECEDENT CAUSES <u>unknown</u> DUE TO (b) <u>Autopsy performed</u> DUE TO (c) <u>Supplemental report will be filed when ready</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4-5 mos</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Microscopic report is ready</u>				20. AUTOPSY? YES <input checked="" 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) (Min.)		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>Dec 6, 1948</u> , to <u>Jan 12, 1949</u> , that I last saw the deceased alive on <u>Jan 11, 1949</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Osman MD</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>1-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/15/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Urena Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Urena Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 12-49</u>		REGISTRAR'S SIGNATURE <u>R.G. Darrin MD per W.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McPherson</u> ADDRESS <u>Urena</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Case Filed
District File Number
JAN 18 1949
District Health Officer No. 9,
RECEIVED

APR 21 1949

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.....

Student Embalmer No.

working under my personal supervision.

Signed Victor Buescher

Signed.....
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.