

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5882 State File No. 9392

BIRTH NO. _____		REG. DIST. NO. 258		PRIMARY REG. DIST. NO. 4390		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Folk (Rural)				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Folk (Rural)		c. LENGTH OF STAY (in this place) 14 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Folk (Rural)		d. STREET ADDRESS (If rural, give location) Jackson Twp		
d. FULL NAME OF HOSPITAL OR INSTITUTION At the family Home				d. STREET ADDRESS (If rural, give location) Jackson Twp				
3. NAME OF DECEASED (Type or Print) RALPH BERNARD STEGEMAN			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) March 3rd, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH July 19, 1935		
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR _____		IF UNDER 24 HRS. _____		IF UNDER 1 MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Folk Osage County Mo		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME August P. Stegeman			13b. MOTHER'S MAIDEN NAME Olivera Wilde			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Aug P. Stegeman ADDRESS Folk, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Failure				INTERVAL BETWEEN ONSET AND DEATH 1 day				
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____				
DUE TO (c) _____				4343				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. Staphylococcus Infection 2 wks of throat.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21f. HOW DID INJURY OCCUR? _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Sept. 23, 1949 , to Nov. 3, 1949 , that I last saw the deceased alive on _____, 1949, and that death occurred at 12:30 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE J. W. Gorton (Degree or title) D.O.			23b. ADDRESS Meta Mo			23c. DATE SIGNED 3-4-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/5/49		24c. NAME OF CEMETERY OR CREMATORY Folk Catholic		24d. LOCATION (City, town, or county) (State) Folk Osage County Mo.		
DATE REC'D BY LOCAL REG. 3-4-49		REGISTRAR'S SIGNATURE Rose Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Norton ADDRESS Linn, Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____		

Date Filed 3-29-49

District No. 9

District Health Officer No. 9

RECEIVED

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 Vernon M. Morton

Signed _____
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Levin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.