

STANDARD CERTIFICATE OF DEATH

12027

FILED MAY 1 1951

State File No. ....  
Registrar's No. .... 14

BIRTH NO. .... REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5320

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Palestine Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Palestine Twp</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles south of Pilot Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles south of Pilot Grove</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARENCE</u> b. (Middle) <u>-GEORGE-</u> c. (Last) <u>STEGNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>April 16, 1890</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Days <u>0</u> Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Paul Stegner</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Schubert</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Stegner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>4200</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilbur Stegner</u> ADDRESS <u>Pilot Grove, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>normal aging</u>			
		DUE TO (c) <u>hypertension</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>6:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1950, to April 19 1950, that I last saw the deceased alive on March 9, 1951, and that death occurred at 6:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>W. G. Paine</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Boonville Mo.</u>		23c. DATE SIGNED <u>4/20/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>April 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Nellie Mullett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays Painter</u> ADDRESS <u>Pilot Grove, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1270

RECEIVED 4-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-30-51 .....

DEC 2 1952

APR 30 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert L. Painter

Signed.....  
Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.