

FILED APR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15258

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 1114 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Scott</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Tekso</u> c. LENGTH OF STAY (in this place township) <u>Althof wife</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tekso</u> <u>1000</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Simon</u> c. (Last) <u>Stoebch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 10 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 20, 1891</u>	9. AGE (In years last birthday) <u>59</u> UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat cutter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ribeis Grocery store</u>	11. BIRTHPLACE (State or foreign country) <u>Tekso, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Anton Stoebch</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Arnold</u>	14. NAME OF HUSBAND OR WIFE <u>Katie Bhattel Stoeb</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>	16. SOCIAL SECURITY NO. <u>497-01-3002</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Katie Stoebel Tekso Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertensive heart disease</u>		
	DUE TO (c) _____		
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"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from April 9 1951, to April 10, 1951, that I last saw the deceased alive on April 9, 1951, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Mastley M.D.</u> (Degree or title)	23b. ADDRESS <u>Caple Guardian Mo</u>	23c. DATE SIGNED <u>4-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustine Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Tekso Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-14-51</u>	REGISTRAR'S SIGNATURE <u>G. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bisplinghoff Funeral Home Illmo Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED APR 16 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 451-88

APR 27 1951

APR 23 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 _____

Raymond B. Wilson Student Embalmer No. 416
working under my personal supervision.

Student Raymond B. Wilson
Student Embalmer

Signed Mamie Duplinghoff
Licensed Embalmer No. 3242

P. O. Address Chaffee 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.