

No. 300
10.48

FILED JUN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19354

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 15

070

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

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES 0070</u>	
b. CITY OR TOWN <u>RICH HILL</u>	c. LENGTH OF STAY (In this place) <u>57 yrs.</u>	c. CITY OR TOWN <u>RICH HILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8TH & MAPLE ST.</u>		d. STREET ADDRESS (If rural, give location) <u>8TH & MAPLE ST.</u>	

3. NAME OF DECEASED a. (First) <u>ROSETTA</u> b. (Middle) <u>-</u> c. (Last) <u>STEUCK</u>			4. DATE OF DEATH <u>JUNE-12-1952</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>MAY-12-1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>5 SWITZERLAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>POTLER MOSER</u>	13b. MOTHER'S MAIDEN NAME <u>ROSENA SNYDER</u>	14. NAME OF HUSBAND OR WIFE <u>FREDRICK STEUCK - (DECEASED)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NAME</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herman Steuck, Rich Hill, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Decompensation</u>			<u>2 months</u>
	DUE TO (c) <u>Arteriosclerosis</u>			
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis Deformans</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	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 June 1st, 1952, to June 12th, 1952, that I last saw the deceased alive on June 12, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T.R. McBe...</u>	23b. ADDRESS <u>8th & Maple St. Rich Hill</u>	23c. DATE SIGNED <u>6-16-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE-15-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PAPINSVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BATES COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-16-1952</u>	REGISTRAR'S SIGNATURE <u>Mr. Edward...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>...</u>
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Robert G. Steinbach

Licensed Embalmer No. 4657

P. O. Address Bartley, 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.