

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10854

State File No.

FILED MAR 19 1953

 BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5918 Registrar's No. 28

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| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salem Twp.</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | c. CITY OR TOWN <u>Rural</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>Rural Salem Twp.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>J.</u> c. (Last) <u>Stueve</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1953</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov. 15, 1872</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 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 | 11. BIRTHPLACE (City, and State or Foreign Country) <u>Perry County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Jess Bess</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Propst</u> | 14. NAME OF HUSBAND OR WIFE <u>John C. Stueve</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Paul Heise Crosstown, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 4 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis Chronic</u> DUE TO (c) <u>Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>490X</u> | 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) m. | 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 1949 to MAR-11, 1953, that I last saw the deceased alive on 3-11, 1953 and that death occurred at 1:12 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Dr. W. J. Wiedeman</u> | (Degree or title) <u>DO.</u> | 23b. ADDRESS <u>334 No. Main Perryville, Missouri.</u> | 23c. DATE SIGNED <u>Mar. 14-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 15, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Crosstown, Missouri</u> |

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| DATE REC'D BY LOCAL REG. <u>3-15-53</u> | REGISTRAR'S SIGNATURE <u>Joe J. Zellen</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed... *Walter Young*

Licensed Embalmer No... *4027*

P. O. Address *Perryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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