

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20801**
Registar's No. **659**

ED JUN 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registar's No. <u>659</u>	
1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 18 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			d. STREET ADDRESS (If rural, give location) 102 S. 13th St.		
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) M.		c. (Last) Stecker	
4. DATE OF DEATH June 12, 1953		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH April 2, 1876		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Poke City, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lee Stewart		13b. MOTHER'S MAIDEN NAME Isabelle Render	
14. NAME OF HUSBAND OR WIFE Thomas Franklin		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. 500-07-6913	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Poe, 1117 Douglas, St. Joseph, Mo.		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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelonephritis DUE TO (c) 2001 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH unknown unknown Unknown	
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)		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 <u>4-5-1949</u> , to <u>6-12-1953</u> , that I last saw the deceased alive on <u>6-11-1953</u> , and that death occurred at <u>1:05a.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE Wm. W. Stecker, M.D.		(Degree or title)		23b. ADDRESS Tootle Building St. Joseph, Missouri	
23c. DATE SIGNED 6-15-53		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/13/1953	
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery		24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri			
DATE REC'D BY LOCAL REG. June 16, 1953		REGISTRAR'S SIGNATURE Leather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home	
		485 -		ADDRESS St. Joseph, Mo.	

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
Student Embalmer

Signed W.E. Johnston

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St

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.