

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>0644</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>714 Center</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Yards</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred H</u> b. (Middle) <u>Stehman</u> c. (Last) <u>Stehman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 29, 53</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>Widowed</u>		8. DATE OF BIRTH <u>October 2, 1884</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Railroad</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>			

13a. FATHER'S NAME <u>J. F. Stehman</u>			13b. MOTHER'S MAIDEN NAME <u>Verena Ruedlinger</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Mae Stehman (deced)</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Stehman</u> ADDRESS <u>Hannibal Missouri</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.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Coronary Infarction</u>		DUPLICATE OF (b) <u>Coronary Sclerosis</u>						<u>very short</u>	
DUPLICATE OF (c) <u>Generalized Arteriosclerosis</u>		DUPLICATE OF (d) <u>Generalized Arteriosclerosis</u>						<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H M O'Donnell</u> <u>Coroner</u>		23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>8-31-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/31/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winchester Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Winchester Illinois</u>	
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DATE REC'D BY LOCAL REG. <u>8-31-53</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luck</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Smith</u>		ADDRESS <u>Hannibal Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 11 1952  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 11 1952

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

*John S. Stand*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.