

STANDARD CERTIFICATE OF DEATH

State File No. 2487

FILED JAN 18 1954

BIRTH NO. 62923 REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike 0220	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dard		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green	
c. LENGTH OF STAY (in this place) --- --		d. STREET ADDRESS (If rural, give location) 220 N. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 40-61			

3. NAME OF DECEASED (Type or Print) a. (First) Steven b. (Middle) Albert c. (Last) Stauch			4. DATE OF DEATH (Month) (Day) (Year) Jan 2 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept 19 1953	9. AGE (In years last birthday) 3 13	10. UNDER 1 YEAR Months 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Louisiana, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Albert J. Stauch		13b. MOTHER'S MAIDEN NAME Caroline Jane Lewis		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert J. Stauch Bowling Green 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile accident two cars ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal injuries & multiple fractures DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH E 8164 26
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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) accident		21b. PLACE OF INJURY (a.e. In or about home, farm, factory, street, office, etc., etc.) Highway 40&61		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dardenn St. Charles	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan, 2, 1954		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Two cars hit head on	

22. I hereby certify that I attended the deceased from **I held inquest Jan 11, 1954**, 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 Miss Murchey Corona		23b. ADDRESS Wentzville Mo		23c. DATE SIGNED Jan 11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 5 54		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Edina Mo.					

DATE REC'D BY LOCAL REG. Jan 13-54		REGISTRAR'S SIGNATURE E. A. Keithly 200-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home Bowling Green Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 1954
FEB 8 1954

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

James A. Mudd

Licensed Embalmer No. 4152

P. O. Address Bawling Green, 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.