

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **716**

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 4173		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY DOUGLAS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY DOUGLAS			
b. CITY OR TOWN AVA		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN AVA		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				f. STREET ADDRESS (If rural, give location) 0320 0			
3. NAME OF DECEASED (Type or Print) a. (First) LEWIS b. (Middle) M c. (Last) STECKER			4. DATE OF DEATH (Month) (Day) (Year) JAN 21 1955				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB 12 1861	
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) WEST INDEPENDENCE OHIO		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GOTTLIEB STECKER			13b. MOTHER'S MAIDEN NAME MARY E DRUMBROUGH		14. NAME OF HUSBAND OR WIFE MARY C. STECKER		
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 VERNICE STECKER ADDRESS AVA MISSOURI		
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) Carcinoma of prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 15-20y
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) _____ 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 3-18 , 19 53 , to 1-21 , 19 55 that I last saw the deceased alive on 1-21 , 19 55 , and that death occurred at 2:04 p.m., from the causes and on the date stated above.							
23a. SIGNATURE M. C. Gentry (Degree or title) O. M. D.				23b. ADDRESS Ava Mo		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1.23.55		24c. NAME OF CEMETERY OR CREMATORY AVA		24d. LOCATION (City, town, or county) (State) AVA MISSOURI	
DATE REC'D BY LOCAL REG. 2-3-55		REGISTRAR'S SIGNATURE Walter Bushman		25. FUNERAL DIRECTOR'S SIGNATURE CLINKINGBEARD FUNERAL HOME ADDRESS AVA MO			

(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 *Lyle C. Chickering*.....

Licensed Embalmer No. *483*.....

P. O. Address *Ann, N.*.....

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.