

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **23189**

FILED JUL 30 1956

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **218**

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission): - a. STATE MISSOURI b. COUNTY OSAGE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. LENGTH OF STAY (in this place) 9 Days	c. CITY OR TOWN Freeburg,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			e. STREET ADDRESS (If rural, give location) 0-1601		
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) JOSEPH c. (Last) STUECKEN			4. DATE OF DEATH (Month) (Day) (Year) JULY 22, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 22, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR (Months) 9
IF UNDER 24 HRS. (Hours) 0	IF UNDER 1 MIN. (Min.) 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hotel Owner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Balve-Westphalan Germany	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Herman Stuecken	13b. MOTHER'S MAIDEN NAME Marie Berken	14. NAME OF HUSBAND OR WIFE Elizabeth Stratman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 495-36--1655	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELIZABETH STUECKEN FREEBURG			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary thrombosis DUE TO (c) arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
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) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 13, 1956 to July 22, 1956 , that I last saw the deceased alive on July 22, 1956 , and that death occurred at LL-40 m, from the causes and on the date stated above.					
23a. SIGNATURE J. A. Osseman MD		(Degree or title)		23b. ADDRESS Jeff. City - Mo	23c. DATE SIGNED 7-25-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/25/56	24c. NAME OF CEMETERY OR CREMATORY Holy Family	24d. LOCATION (City, town, or county) (State) Freeburg, Mo.		
DATE REC'D BY LOCAL REG. 27 July 1956	REGISTRAR'S SIGNATURE A. P. Davis MD JR	25. FUNERAL DIRECTOR'S SIGNATURE Lybster Dulle		ADDRESS J. C. MO.	

(Licensed Embalmer's Statement of Reverse Side)

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

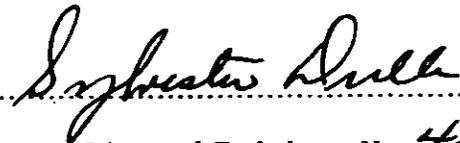
AUG 8 1958

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.....



Licensed Embalmer No. 432

P. O. Address Jeffersonville

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.