

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25809

STATE FILE NUMBER

FILED AUG 8 - 1956

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 68

300  
1-56

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1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits <b>Nevada</b> <sup>Washing</sup> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Boonville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #3</b> Length of stay in <b>3 1/2 yrs - 10 days</b>		d. STREET ADDRESS (If outside, give location) <b>R.R. #4</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Mamie Stegner</b> First Middle Last			4. DATE OF DEATH <b>August 3, 1956</b> Month Day Year
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October 8, 1929</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>26</b> If UNDER 1 YEAR: Months <b>9</b> Days <b>26</b> Hours <b></b> Min. <b></b> If UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <b>Peartone, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Rev. D. Bekrens</b>		14. MOTHER'S MAIDEN NAME <b>Marie Ringeb</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (For no. or unknown) (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Hospital Records</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma - left ear</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gen. Arterio Sclerosis</b> DUE TO (c) <b>Psychosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Chinily</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>March 1, 1956</b> to <b>August 3, 1956</b> and last saw her alive on <b>Aug 31, 1956</b> Death occurred at <b>6:15 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <b>W. C. Bradburn</b>		22b. ADDRESS <b>State Hospital #3</b>	
22c. DATE SIGNED <b>8-3-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-4-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Billingsville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Boonville Missouri</b>
24. FUNERAL DIRECTOR <b>Haga Funeral Service, Inc.</b> ADDRESS <b>Nevada Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-4-1956</b>	
26. REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *A. H. Narmadube*

Licensed Embalmer No. *207*

P. O. Address *Siwada*

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.