

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2214

FILED JAN 30 1957

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY OR TOWN		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 <u>Perry Co. Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Salem Twp.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claus</u> b. (Middle) <u>H.</u> c. (Last) <u>Stueve</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1957</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Feb. 6, 1877</u>			
9. AGE (In years last birthday) <u>79</u>		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) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Claus Stueve</u>			13b. MOTHER'S MAIDEN NAME <u>Margarete VonGloen</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edwin Stueve Menfro, Rt 1, Mo.</u>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				<u>Cerebral arteriosclerosis</u> 1-2 yrs				<u>5 d.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerotic Heart Disease</u> 1-2 yrs				<u>5 d.</u>	
DUE TO (c) <u>Uremia</u>				<u>Broncho pneumonia</u>				<u>5 d.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				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 <u>1-15, 1957</u> to <u>1-17, 1957</u> , that I last saw the deceased alive on <u>1-17, 1957</u> , and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. F. Fairchild, M.D.</u>				23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>1-18-57</u>			
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan. 20, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Jan 20-57</u>		REGISTRAR'S SIGNATURE <u>Jos J. Gollner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Son Perryville Mo.</u>		ADDRESS			

(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.....
Edward de Young

Licensed Embalmer No. *213*

P. O. Address *Permyville*

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.