

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 01 7 8 1 4  
State File No. ....

FILED MAY 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5671 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Warren Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Truxton</u>		c. LENGTH OF STAY (in this place) <u>45 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>1890</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<u>Emma</u>	<u>Fredericka</u>	<u>Stuecken</u>	<u>May</u>	<u>18</u>	<u>1957</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>November 18 1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General duties</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Sievert</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Faehmeyer</u>	14. NAME OF HUSBAND OR WIFE <u>A.H. Stuecken (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Arvel Hill Truxton Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CARCINOMA OF OVARY</u>		
	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. <u>175X</u>			

19a. DATE OF OPERATION <u>1-8-57</u>	19b. MAJOR FINDINGS OF OPERATION <u>WIDESPREAD CARCINOMA OF OVARY - INOPERABLE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-29, 1956, to 2-4, 1957, that I last saw the deceased alive on 2-4, 1957, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Louis P. Hollay MD</u>	23b. ADDRESS <u>370 E. Wood St, Troy, Mo</u>	23c. DATE SIGNED <u>5/18/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 20-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion M.E. Truxton Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>May 25 1957 Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Bellflower Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

162  
0  
5-25-57

**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.....

*me*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Clair A Jones*

Licensed Embalmer No.

*2978*

P. O. Address

*Bellflower 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.