

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

STANDARD CERTIFICATE OF DEATH

30568

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 337 Primary Registration District No. 6139 Registrar's No. 63

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <u>SHELBY</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BLACK CREEK TOWNSHIP</u>		c. CITY OR TOWN <u>SHELBYVILLE</u>		b. COUNTY <u>SHELBY</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SMITH'S NORTH LEATHER</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH		
<u>MAXINE ANNETTE STIEFFEL</u>						<u>AUG-14 1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 12 1937</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
						<u>3</u>	<u>2</u>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>ADAIR COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>OLEN STIEFFEL</u>				14. MOTHER'S MAIDEN NAME <u>IRMA NEUSCHAFER</u>				
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 <u>OLEN STIEFFEL</u> Address <u>SHELBYVILLE MO</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:								
IMMEDIATE CAUSE (a) <u>Crushed Skull</u>								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) <u>Automobile accident</u>								
DUE TO (c) <u>The accidental collision of two automobiles</u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)							19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>2</u>	
<u>Jury Verdict Automobile accident cause of accident undetermined</u>								
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Accidental collision of two automobiles</u>					
20c. TIME OF INJURY Hour <u>8</u> Month <u>08</u> Day <u>15</u> Year <u>57</u> a. m. <u>8</u> m. <u>15</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		20f. CITY, TOWN, OR LOCATION <u>Shelby</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____								
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>[Signature]</u> Coroner <u>3</u>			22b. ADDRESS <u>Bethel, Missouri</u>			22c. DATE SIGNED <u>8/23/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-19-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>AT HOPE CEMETERY</u>		23d. LOCATION (City, town, or county) <u>SHELBY COUNTY MO</u>		(State)		
24. FUNERAL DIRECTOR <u>THOMPSON-GREENING</u>	ADDRESS <u>SHELBYVILLE</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 24-57</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Signature *Charles U. Stearns*

Licensed Embalmer No... 46

P. O. Address *Ch...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.