Health, & Welfare Public Service

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FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004568
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN King City 0380 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA Mo. Meth. Hosp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) (Rural) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Vernon	Middle: Franklin	Last: Stegman	4. DATE OF DEATH Month Day Year: Feb. 15, 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug. 6, 1897	9. AGE (In years last birthday): 60 — 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): Farming	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Berlin, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Fred Stegman	13b. MOTHER'S MAIDEN NAME: Ada Ann Canable	14. NAME OF HUSBAND OR WIFE: Hattie Jane Stegman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW# 1	16. SOCIAL SECURITY NO.: 491-42-2938	17. INFORMANT: Vernon T. Stegman	Address: King City, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Concussion + Traumatic Shock — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Due to auto Collision — about 1/2 hour

DUE TO (c)

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? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 Car Collision

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 145

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 169

20f. CITY, TOWN, OR LOCATION 1 1/2 miles N of King City Mo — COUNTY 038 — STATE Gentry County

21. I attended the deceased from Viewed body and last saw ~~him~~ him ~~alive~~ on 2-15-58

Death occurred at 2:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. O. McInerney M.D. Coroner 3	22b. ADDRESS: St Joseph Mo 214 Kirkpatrick Bldg	22c. DATE SIGNED: 2-1858	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2/15/58	23c. NAME OF CEMETERY OR CREMATORY: Berlin Cem.	23d. LOCATION (City, town, or county) (State): Berlin Mo.
24. FUNERAL DIRECTOR: Harold E. Woodrel	ADDRESS: King City Mo	25. DATE RECD. BY LOCAL REG.: Feb. 21, 1958	26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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 causally related.

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MAR 7 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 Harold E. Woodrel

Licensed Embalmer No. 4609

P. O. Address King City, M

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.