

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005059

STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No.

120

Primary Registration District No.

5449

Registrar's No.

179

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jackson Twp.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>King City</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1st M. N. on #169</b>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>(Rural)</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Donnie Ray Stegman</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>15</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 4, 1944</b>	9. AGE (In years last birthday) <b>14</b>	IF UNDER 1 YEAR Months <b>14</b> Days <b>14</b> Hours <b>14</b> Min.	IF UNDER 24 HRS. Hours <b>14</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Student</b>		11. BIRTHPLACE (City and state or country) <b>Berlin, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Vernon Franklin Stegman</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Jane Masters</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Vernon T. Stegman</b> Address <b>King City, Mo.</b>			
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>Fracturing cervical spine &amp; cord at C6-C7</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Multiple fractures of body &amp; crushed chest with mass hemorrhage</b> DUE TO (c) <b>mass hemorrhage</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <b>instantaneous</b>	
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.) <b>Car accident on 169 Highway 1 1/2 miles N. of King City, Mo.</b>					
20c. TIME OF INJURY Hour <b>1:20</b> a.m. <b>2-15-58</b> p.m.		20d. INJURY OCCURRED WHILE AT <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.) <b>Highway accident</b>		20f. CITY, TOWN, OR LOCATION <b>King City</b>		COUNTY <b>Gentry</b>		STATE <b>Mo</b>	
21. I attended the deceased from <b>2/15/58</b> to <b>2/15/58</b> and last saw him alive on <b>2/15/58</b> Death occurred at <b>viewed after death</b> with the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Dr. Jack Barnes</b> (Doctor or file)				22b. ADDRESS <b>Gentry Co. Box 3 King City Mo.</b>		22c. DATE SIGNED <b>2/16/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/18/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Berlin Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Berlin Mo.</b>	
24. FUNERAL DIRECTOR <b>Arnold E. Hordel - King City, Mo.</b> ADDRESS <b>2-23-58</b>				25. DATE RECD. BY LOCAL REG. <b>2-23-58</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. Keahel .....

Licensed Embalmer No. 4609 .....  
P. O. Address King City, N. .....

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.