

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005060
STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 120

Primary Registration District No. 5449

Registrar's No. 180

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp.		c. CITY OR TOWN King City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION M. N. on # 169		d. STREET ADDRESS (If outside, give location) (Rural)	
3. NAME OF DECEASED (Type or print) First Hattie Middle Jane Last Stegman		4. DATE OF DEATH Month Feb. Day 15 Year 1958	
5. SEX Female	6. COLOR OR RACE Ehite	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH Sept. 27, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (In years last birthday) 50
11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Asbury Masters		13b. MOTHER'S MAIDEN NAME Julia Johns	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give branch of service) No		17. INFORMANT Address Vernon T. Stegman King City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull with Muehemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple fracture of chest with hemorrhage DUE TO (c) from car accident		INTERVAL BETWEEN ONSET AND DEATH 1/2 min.	
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 28.) Car accident north (1 1/2 mi) King City Mo	
20c. TIME OF INJURY Hour 1:20 a.m. p.m. Month, Day, Year 2-18-58		20f. CITY, TOWN, OR LOCATION King City Gentry Mo	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway accident	
21. I attended the deceased from 2/15/58 , to 2/15/58 , and last saw him alive on 2/15/58 Death occurred at 1:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE Dr. Jack A. Barnes (Degree or title) Coroner ADDRESS King City, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/18/58	
23c. NAME OF CEMETERY OR CREMATORY Berlin Cem.		23d. LOCATION (City, town, or county) (State) Berlin Mo.	
24. FUNERAL DIRECTOR Hazel E. Hord ADDRESS King City, Mo		25. DATE RECD. BY LOCAL REG. 2-23-58	
26. REGISTRAR'S SIGNATURE Miss L. W. Bare			

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. Woodard

Licensed Embalmer No. 4609
P. O. Address King City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.