

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008775
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 25 Primary Registration District No. 5090 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY BATES			2. USUAL RESIDENCE (Where deceased lived. If institution: Residency before admission) a. STATE MISSOURI b. COUNTY BATES c. CITY OR TOWN PAPINSVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PAPINSVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			c. CITY OR TOWN PAPINSVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PRAIRIE TWP. Length of stay in 1b		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GUSTAVE HERMAN STEUCK			4. DATE OF DEATH Month Day Year APRIL-1-1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN-3-1892	9. AGE (in years last birthday) 66 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and state or country) HARWOOD, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME FREDRICK STEUCK.		13b. MOTHER'S MAIDEN NAME ROSETTA MOSER.		14. NAME OF HUSBAND OR WIFE MAE STEUCK.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 500-10-2588.	17. INFORMANT Address MAE STEUCK - ROCKVILLE, MO. R.F.D.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) 260X				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 3 yrs	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.) 0		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec 1 1957 to Jan 1 1958 and last saw him alive on Nov 1 1957 Death occurred at 06:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dorothy J. [Signature]			22b. ADDRESS Rock Hill, Mo		22c. DATE SIGNED 1/3/58
23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL	23b. DATE 4/3/58	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY		23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri	
24. FUNERAL DIRECTOR ADDRESS 860TH FUNERAL Serv. Rich Hill, Mo			25. DATE RECD. BY LOCAL REG. Apr. 8. 1958	26. REGISTRAR'S SIGNATURE Mrs. Edna Douglas	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958
APR 1 1958

APR 22 1958

APR 11 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 *John G. Underwood*
Licensed Embalmer No. 3585
P. O. Address *Butler, 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.