

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009314

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. _____

77

Primary Registration District No. _____

3016

Registrar's No. _____

113

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Meta
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		Length of stay in 1b 15 days	d. STREET ADDRESS (If outside, give location) —
3. NAME OF DECEASED (Type or print) First John George Middle Stuckenschneider Last —			4. DATE OF DEATH Month April Day 8 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov 3, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 83
11. BIRTHPLACE (City and state or country) Westphalia Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE —
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. None	17. INFORMANT Carl Stuckenschneider Address Washington Kirkland Wash
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infection of the lung DUE TO (b) Pulmonary emboli DUE TO (c) ASHA (ArterioSclerosis Heart Die)			INTERVAL BETWEEN ONSET AND DEATH 10 days 2 wks year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4900			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 1	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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 1956 to 4-8-58 and last saw ^{her} him alive on 4/8/58 Death occurred at St Marys Hosp Jeff City 3 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. Newlands M.D.		22b. ADDRESS 302 Bolivar	22c. DATE SIGNED 4/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/11/58	23c. NAME OF CEMETERY OR CREMATORY St. Cecilia	23d. LOCATION (City, town, or county) (State) Meta Missouri
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc ADDRESS Hedges Funeral Homes Inc Iberia, Mo		25. DATE RECD. BY LOCAL REG. 10 April 1958	26. REGISTRAR'S SIGNATURE R.P. Harris, M.D. M.P.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 17 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 Walter P. Hedger
Licensed Embalmer No. 4265
P. O. Address Shelby, 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.