

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021983

STATE FILE NUMBER

FILED JUN 26 1959 Registration District No. 160 Primary Registration District No. 559 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN NEAR FESTUS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON MEMORIAL		Length of stay in 1b 1 DAY	STREET ADDRESS (If outside, give location) FESTUS MO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last STEPHEN DEWAYNE VOWEL			4. DATE OF DEATH Month Day Year JUNE 19 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 18 1959		9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) FESTUS MO		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME ROBERT VOWEL		13b. MOTHER'S MAIDEN NAME ROSE MARY SALLIS		14. NAME OF HUSBAND OR WIFE SINGLE	
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 Address ROSE MARY VOWEL LITTLE ROCK ARK.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity (7 mo) DUE TO (b) atelectasis lungs DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 7625
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 6/18/59 to 6/19/59 and last saw ^{her} _{him} alive on 6/19/59 Death occurred at 6/19/59 2:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Heiligtag</i> (Degree or title)			22b. ADDRESS <i>Imperial Mo</i>		22c. DATE SIGNED 6/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JUNE 19 1959	23c. NAME OF CEMETERY OR CREMATORY LITTLE ROCK		23d. LOCATION (City, town, or county) (State) LITTLE ROCK ARK.
24. FUNERAL DIRECTOR HEILIGTAG IMPERIAL MO			25. DATE RECD. BY LOCAL REG. 6-19-59		26. REGISTRAR'S SIGNATURE <i>John A. Dighton</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JUN 24 1959

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 *Arthur W. Scilgitz*
Licensed Embalmer No. 3872
P. O. Address *Imperial Inn*

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.