

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000807

FILED VS FEB 1 1960

Registration District No. 477

Primary Registration District No. 5305

Registrar's No. 1

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>R. R. # 3 J C Mo.</b>		Length of stay in 1b	c. CITY OR TOWN <b>R R. # 3 J C Mo.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Liberty Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Liberty Township</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ANNA MARIE STEGEMAN</b>		4. DATE OF DEATH <b>Jan 25/60</b>	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/7/82</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>18</b> Hours <b>18</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Taos, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Bernard Forck</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Rackers</b>		14. NAME OF HUSBAND OR WIFE <b>Henry J. Stegeman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Henry J Stegeman R # 3 J C Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
IMMEDIATE CAUSE (a) <b>Hypostatic pneumonia</b>		
DUE TO (b) <b>Senility and Parkinson's Disease.</b>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus and arteriosclerosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	---	--

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.)	
20c. TIME OF INJURY Hour e.m. p.m.	Month, Day, Year		
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 **November 30, 1958** date and last saw her **alive** on **January 24, 1960**  
Death occurred at **12:10 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>L.C. Howard</b> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Vienna, Missouri</b>	22c. DATE SIGNED <b>1/26/60</b>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/27/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Xavier</b>	23d. LOCATION (City, town, or county) (State) <b>Taos, Mo.</b>
--	-----------------------------	---	---

24. FUNERAL DIRECTOR <b>Sylvester Gulle</b> ADDRESS <b>J C Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>29 January 1960</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Harris, MD Richter, Dep.</b>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 7 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lyhustia Dulle

Licensed Embalmer No. 432

P. O. Address Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.