

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014320

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 34

FILED MAY 10 1961

1. PLACE OF DEATH
 a. COUNTY LAFAYETTE
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONCORDIA Length of stay in 1b 72 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 1/2 Mi. S.E. OF CONCORDIA, MO Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY LAFAYETTE
 c. CITY OR TOWN CONCORDIA Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3 1/2 Mi S.E. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
WILLIAM STIEGEMEYER APRIL 30 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH FEB. 14, 1870 9. AGE (last birthday) 91
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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) GERMANY 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRY STIEGEMEYER 13b. MOTHER'S MAIDEN NAME ANGEL DACHN 14. NAME OF HUSBAND OR WIFE MARTHA STIEGEMEYER

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. No 17. INFORMANT DELMAR STIEGEMEYER Address CONCORDIA, 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) Cerebral Hemorrhage -
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension -
 DUE TO (c) -
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 Jan. 1, 1927 to April 30, '61 and last saw him alive on April 30, 1961. Death occurred at 9:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Ink) (Degree or title) Edmund P. Brock, M.D. 22b. ADDRESS Concordia, Mo. 22c. DATE SIGNED 5/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5/2/61 23c. NAME OF CEMETERY OR CREMATORY BETHEL 23d. LOCATION (City, town, or county) (State) CONCORDIA, MO

24. FUNERAL DIRECTOR E. L. James ADDRESS Concordia, Mo 25. DATE RECD. BY LOCAL REG. May 2-1961 26. REGISTRAR'S SIGNATURE Lutei Gordon Jordan

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

DEC 12 1967

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 Mr, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.