MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022408
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 371

FILED JUL 11 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0269
2	0260
3	
4	1
5	1
6	
7	0
8	1
9	170X
10	
11	
12	2-0
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON CITY, MO. — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. MARYS HOSPIAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: COLE
c. CITY OR TOWN: ~~JEFFERSON CITY, MO.~~ — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): ST MARTINS, MO. — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First HELEN — Middle ALICE — Last STECK
4. DATE OF DEATH: Month JULY 8, Day 1962 Year

5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2/6/25
9. AGE (last birthday): 37 — IF UNDER 1 YEAR: Months 5 Days 2 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Martins, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Carel
13b. MOTHER'S MAIDEN NAME: Hilda Dulle
14. NAME OF HUSBAND OR WIFE: Vincent Steck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Vincent Steck — Address: St Martins, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Primary w Breast — 1 yr
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 [X] 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 a.m. p.m. Month, Day, Year
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 July 3 1962, to July 8 1962 and last saw her/him alive on July 7 - 1962
Death occurred at 3:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William A Cox MD
22b. ADDRESS: 105 W High Jefferson City MO.
22c. DATE SIGNED: July 9 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/10/62
23c. NAME OF CEMETERY OR CREMATORY: St Martins, Mo.
23d. LOCATION (City, town, or county) (State): St Martins, Mo.

24. FUNERAL DIRECTOR: Sylvester Dulle — ADDRESS: J C Mo.
25. DATE RECD. BY LOCAL REG.: 10 July 1962
26. REGISTRAR'S SIGNATURE: R. Harris M. N. Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.