

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006086

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 341

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 11 1963

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2042 N. East Ave.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>810 N. Benton</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>WALTER</b> Last <b>STENGER</b>			4. DATE OF DEATH Month <b>March</b> Day <b>3</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>9/4/1880</b>	9. AGE (last birthday) <b>82</b>	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) <b>Stenger Auto Parts</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stenger's</b>	11. BIRTHPLACE (City and state or country) <b>Houston, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>George Stenger</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Thiese</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche Stenger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Mexican War</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>300 Cordova Court Keith Stenger, Springfield, Missouri</b>

18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Arteriosclerosis</b> <b>Generalized Arteriosclerosis</b> <b>Hypertension</b> DUE TO (b) <b>Hypertension</b> <b>Diabetes Mellitus</b> DUE TO (c) <b>Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b> <b>4 yrs.</b> <b>4 yrs.</b> <b>30 yrs.</b> <b>30 yrs.</b>
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. <input type="checkbox"/> Yes <input 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 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 <b>Springfield Mo.</b>	COUNTY	STATE
21. I attended the deceased from <b>1958</b> to <b>3-3-63</b> and last saw him alive on <b>3-1-63</b> Death occurred at <b>2:30 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS <b>Springfield Mo.</b>	22c. DATE SIGNED <b>3-4-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-3-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>School of Medicine Washington University</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Missouri</b>	ADDRESS <b>1200 Boonville</b>	25. DATE RECD. BY LOCAL REG. <b>Mar 8, 1963</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

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Rev. 4/59  
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DATE AMENDED  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DOCUMENT  
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Permit 3-3-63

MAR 13 1963

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 He was not embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Raymond L. Quinn

Licensed Embalmer No. 3647

P. O. Address Greenfield, Mass.

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.