

FILED AUG 4 1952

STANDARD CERTIFICATE OF DEATH

24020

State File No.

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5316 Registrar's No. 20

0270

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cooper Clear Creek Twp Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Rural (Pilot Grove Twp)</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural (Pilot Grove Twp)</u>	d. STREET ADDRESS (If rural, give location) <u>3 miles South of Pilot Grove</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles South of Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles South of Pilot Grove</u>	

3. NAME OF DECEASED (Type or Print) <u>MARCIA - ALMA - STEGNER</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 28, 1890</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR	11. UNDER 2 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Rudy H. Schlattbauer</u>	13b. MOTHER'S MAIDEN NAME <u>Callie Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>Elmer Stegner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Stegner, Pilot Grove, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	DUE TO (b) _____		<u>Immediate</u>
ANTECEDENT CAUSES	DUE TO (c) _____		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 25, 1952, to July 27, 1952, that I last saw the deceased alive on July 28, 1952, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Pilot Grove Mo</u>	23c. DATE SIGNED <u>July 30 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 31, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 31, 1952</u>	REGISTRAR'S SIGNATURE <u>Hellie Mullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays - Painter</u>	ADDRESS <u>Pilot Grove Mo.</u>
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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
Student Embalmer

Signed *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Pilot Grove, 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 this body is not embalmed, fact should be so stated above.