

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12003

No. 500
10. 48

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

36
000

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5-425 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Boeuf</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Boeuf</u>	
c. LENGTH OF STAY (in this place) <u>68 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles S.E. Of Berger, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Residence</u>			
3. NAME OF DECEASED a. (First) <u>JULIUS</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>STECKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4- 12 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/22/1865</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	IF UNDER 1 RES. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Holstein, Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Stecker</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Anna Stecker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Stecker</u> ADDRESS <u>New Haven Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1535</u>	
19a. DATE OF OPERATION <u>5/17/46</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon (could not be removed)</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 10 1945</u> , to <u>April 12, 1949</u> , that I last saw the deceased alive on <u>April 9, 1949</u> , and that death occurred at <u>4:00P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. H. Eisenmann</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>New Haven, Mo.</u>	23c. DATE SIGNED <u>4/13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/14/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Berger, R.F.D.#1 Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>4-13-49</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Blumer</u> ADDRESS <u>Berger, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 18 1949

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.

Signed Herman Blumer.....

Signed.....
Student Embalmer

Licensed Embalmer No. 528.....

P. O. Address Bayer Mrs.....

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.