

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2248

FILED FEB 15 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Central Twp.</u>		c. CITY OR TOWN <u>Perryville</u>	d. Is Residence within limits of City or Incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Central Twp. 0790</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) _____ c. (Last) <u>Stueve</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 2, 1868</u>
9. AGE (In years last birthday) <u>85</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 _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Frohna, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Peter Stueve</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Krahn</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Stueve Perryville</u> ADDRESS <u>R#4, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metral stenosis</u>			
	DUE TO (c) <u>Arteriosclerosis</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Pericardial 7 age</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) <u>Perryville Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4500</u>

22. I hereby certify that I attended the deceased from 1944 to Feb 3, 1954, that I last saw the deceased alive on Jan. 28, 1954 and that death occurred at 4:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. M. J. Bellman</u>	23b. ADDRESS <u>Perryville Mo</u>	23c. DATE SIGNED <u>2/4/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Feb 5-54</u>	REGISTRAR'S SIGNATURE <u>Joe J. Bellman 250</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville mo</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

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
Signature of Student Embalmer

Signed *Wallace Young*

Licensed Embalmer No. *402*

P. O. Address *Perre...*

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.