

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 13 1955

603 2 State File No. 19764
4450 Registrar's No. 5269

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 5269			
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>5 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. S. of Doniphan, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>5737 Amelia</u> 20791					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sharon</u> b. (Middle) <u>Stephanie</u> c. (Last) <u>Stecz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1955</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 12, 1953</u>	9. AGE (in years last birthday) <u>2</u>	IF UNDER 14 HRS. Hours <u>-</u> Min. <u>17</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Leonard Stecz</u>			13b. MOTHER'S MAIDEN NAME <u>Emily Bariak</u>		14. NAME OF HUSBAND OR WIFE <u>never married</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 ADDRESS <u>Leonard A. Stecz, 5737 Amelia St. Louis, 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental drowning in Current River.</u>				DUE TO (b) <u>Boat capsized.</u>					
ANTECEDENT CAUSES				DUE TO (c)					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
II. OTHER SIGNIFICANT CONDITIONS				E850 X 38					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Current River</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Ripley</u> (COUNTY) <u>Mo.</u> (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 27, 1955 7:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Motor boat capsized.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ray Measel, Coroner</u>				23b. ADDRESS <u>Doniphan, Missouri</u>		23c. DATE SIGNED <u>6/28/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Mo.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>6-28-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 277		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden 1936 ST. LOUIS AVE.</u>					

(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS, MO.

JUL 19 1955

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 Ray Measor

Licensed Embalmer No. 3743

P. O. Address Doniphan,

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.