

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31410

State File No.

FILED OCT 5 1956

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <u>Marion.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Mo.</u>		c. CITY OR TOWN <u>Perry, Missouri</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 Wks.</u>		e. STREET ADDRESS (If rural, give location) <u>Perry, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>N.</u>	c. (Last) <u>STEHLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 21, 1956</u>
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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>Nov 13, 1872</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone C. Mgr</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Phone Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkwood, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Martin Stehle</u>	13b. MOTHER'S MAIDEN NAME <u>Adaline Hocar</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Stehle</u>
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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 ADDRESS <u>Mrs Minnie Stehle, Perry, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Deabetes mellitus</u> DUE TO (c) <u>arterio-sclerotic H.D.</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>amputation of leg</u>		<u>6 weeks</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SOICIDE</u>	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 Aug 1, 1956, to Sept 21, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30AM, from the causes and on the date stated above.

23a. SIGNATURE <u>A. H. Howell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hannibal, Missouri.</u>	23c. DATE SIGNED <u>9-24-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-24-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>10-2-56</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde C. ... Perry, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1890

RECEIVED OCT 3 1956
MARION CO. HEALTH DEPT.
DATE FILED OCT 3 1956

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 *Clydes. Wickney*.....

Licensed Embalmer No. 3826

P. O. Address Perry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.