

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41201**

FILED NOV 25 1957

BIRTH NO. _____ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **4345** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montg.	
b. CITY OR TOWN Rhineland, Mo. c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) WILLIAM c. (Last) STIERS			4. DATE OF DEATH 11-18-1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 7-24-1888		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Rhineland, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Christian Stiers		13b. MOTHER'S MAIDEN NAME Cena Peters	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Robt. Finders		ADDRESS Bluffton, Mo.		INTERVAL BETWEEN ONSET AND DEATH _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Sudden death		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden death		INTERVAL BETWEEN ONSET AND DEATH 0
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Probably Myocardial infarction		
Morbidity 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.		

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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) 4201 (COUNTY) _____ (STATE) _____	

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? _____	
22. I hereby certify that I attended the deceased from 6-10, 1948 , to 11-18, 1957 , that I last saw the deceased alive on 1-7, 1956 , and that death occurred at 4:40 p. m. , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) Carol T. Shaw, M.D.		23b. ADDRESS Herndon, Mo.		23c. DATE SIGNED 11-19-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/21/57		24c. NAME OF CEMETERY OR CREMATORY: Best Bottom Cemetery	
24d. LOCATION (City, town, or county) Rhineland, Mo.		24e. (State) _____		DATE REC'D BY LOCAL REG. 11-21-1957	
REGISTRAR'S SIGNATURE Mrs. Eunice Bush		25. FUNERAL DIRECTOR'S SIGNATURE Kottmeyer & Co.		ADDRESS Rhineland, Mo.	

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

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1958 JUN 3

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 D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus 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.