

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

509

STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 169

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cape Gir.</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <u>Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo.</u> Length of stay in lb <u>7 days</u>  |  | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |  |
| 3. NAME OF DECEASED (Type or print) <u>Paul Behart Stueve</u> First Middle Last  |  |  | 4. DATE OF DEATH <u>Feb 2, 1958</u> Month Day Year   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>January 11, 1871</u>   |
| 9. AGE (In years last birthday) <u>87</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>  |
| 11. BIRTHPLACE (City and state or country) <u>Wittenberg, Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13. FATHER'S NAME <u>Claus Stueve</u>  |  | 14. MOTHER'S MAIDEN NAME <u>Margaret Stueve</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>  |  |
| 17. INFORMANT <u>Raymond Stueve Jackson, Mo.</u> Address   |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Arteriosclerosis</u>  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senile Dementia - 334X</u>  |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |  |
| 20c. TIME OF INJURY <u>Hour</u> <u>Month, Day, Year</u><br>a. m. p. m.   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |
| 21. I attended the deceased from <u>1-20-58</u> to <u>2-2-58</u> and last saw <sup>her</sup> alive on <u>2-1-58</u><br>Death occurred at <u>8:20</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |
| 22a. SIGNATURE <u>E. F. McDonald MD</u> (Degree or title)  |  | 22b. ADDRESS <u>Jackson, Mo</u>  |  |
|  |  | 22c. DATE SIGNED <u>2-2-58</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>Feb 4, 1958</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>  | 23d. LOCATION (City, town, or county) (State) <u>Pocahontas, Mo.</u>                           |
| 24. FUNERAL DIRECTOR <u>S. C. Crougft Jackson, Mo.</u> ADDRESS   |  | 25. DATE RECD. BY LOCAL REG. <u>Feb 4, 1958</u>  | 26. REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gene C. Cracroff*

Licensed Embalmer No. *4*

P. O. Address *Jackson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING,  
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.