

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036001

State File No.

FILED NOV 12 1958

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>5432</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u> <u>Rural</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Drexmas.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Leslie Mo RHR.</u>				STREET ADDRESS (If rural, give location) <u>Leslie Mo RHR.</u>			
3. NAME OF DECEASED (First) <u>Fred.</u> (Middle) <u>J.</u> (Last) <u>Stuesse</u>			4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>4</u> (Year) <u>1958</u>				
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>March 20 1881</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>7</u> DAYS <u>15</u>		9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>7</u> DAYS <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Leslie Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Stuesse</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Schmitt</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth K. Stuesse</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>493-42-7237</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma Busch</u> ADDRESS <u>Villa Ridge 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>			
ANTECEDENT CAUSES Morbid 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 <u>151X</u>				20. AUTOPSY? <u>2</u> 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)			
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 <u>6-9-1958</u> , to <u>11-4-1958</u> , that I last saw the deceased alive on <u>10-9-1958</u> , and that death occurred at <u>5:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Bert Stuehlman</u> (Degree or title) <u>17-8</u>				23b. ADDRESS <u>Union, Mo</u>		23c. DATE SIGNED <u>11-6-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 7, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Union Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-6-58</u>		REGISTRAR'S SIGNATURE <u>Thomas A. Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Lemme</u>		ADDRESS <u>Beaufort Mo</u>	

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 E. H. Lemme Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E H Lemme

Licensed Embalmer No. 30

P. O. Address Beaufort

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.