

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044988
STATE FILE NUMBER

FILED DEC 19 1958 Registration District No. 230 Primary Registration District No. 5810 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Montgomery.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Loutre Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Big Spring Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Eustace Middle August Last Stiegman			4. DATE OF DEATH Month Dec Day 12 Year 1958		
5. SEX M	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec-22-1907	9. AGE (In years last birthday) 50 IF UNDER 1 YEAR: Months 11 Days 20 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) o	
13. FATHER'S NAME Edward Stiegman			14. MOTHER'S MAIDEN NAME Leah Mc Carty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-26-5028		17. INFORMANT Edna Stiegman Address New Florence, Mo	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Car Accident		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Broken Neck, Crushed Chest, Broken Left Arm	
	DUE TO (c) Both Legs Broken	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input checked="" 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.) Car Hitting Railing og Bridge	
20c. TIME OF INJURY Hour 9.15 a. m. p. m. Month, Day, Year Dec-12-58		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.) Bear Creek Bridge High 19		20f. CITY, TOWN, OR LOCATION Big Spring COUNTY Montg STATE Mo	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. J. Ball Coroner. 3		22b. ADDRESS Jonesburg, Missouri.	
		22c. DATE SIGNED Dec-12-1958	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec-14-1958	23c. NAME OF CEMETERY OR CREMATORY Liberty Baptist Cemetary	23d. LOCATION (City, town, or county) (State) Big Spring Mo
24. FUNERAL DIRECTOR ADDRESS Baker Funeral Home Americus, Mo		25. DATE RECD. BY LOCAL REG. DEC.-14-1958	
26. REGISTRAR'S SIGNATURE Mrs Eunice Bush			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

37

32
0

JAN 19 1950

JAN 19 1950

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *D B Baker*.....

Licensed Embalmer No...337

P. O. Address....America,

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.

DEC 30 1950