

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020302

STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 60

pt. Health,
E., & Welfare
S. Public
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V. S. 300
ev. 1-57

securing the medical certification in the specific manner required by 193.140 R.S. 1949.
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Tarkio</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospt</u>		Length of stay in lb <u>1-mo</u>		d. STREET ADDRESS <u>0030</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CORA MAY STECK</u>				4. DATE OF DEATH Month Day Year <u>June 11, 1959</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 2, 1884</u>		9. AGE (In years last birthday) <u>74</u> Months <u>6</u> Days <u>9</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Rock Port, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>Peter Walters</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Liebig</u>			14. NAME OF HUSBAND OR WIFE <u>Ivan Steck</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>		16. SOCIAL SECURITY NO. <u>196-111-5275</u>		17. INFORMANT <u>Lee Steck</u>		Address <u>Tarkio, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized carcinomatosis</u> <u>Primary hepatic carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>1550</u>	
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 Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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>1/29/53</u> , to <u>6/11/59</u> and last saw her alive on <u>6/11/59</u> Death occurred at <u>11:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. Niedermeyer, D. M.D.</u>			22b. ADDRESS <u>Tarkio, Mo.</u>		22c. DATE SIGNED <u>6/13/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>6/13/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>		23d. LOCATION (City, town, or country) (State) <u>Rock Port, Mo.</u>		
24. FUNERAL DIRECTOR <u>Davis Funeral Home</u>			ADDRESS <u>Tarkio, Mo.</u>		DATE RECD. BY LOCAL REG. <u>June 25, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Marvin W. Schoeler</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Fred A. Browning*

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.