

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026510

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 262

AMENDED

FILED JUL 11 1961

1. PLACE OF DEATH a. COUNTY ST FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY STE GENEVIEVE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE MO.		Length of stay in 1b 7 das.	c. CITY OR TOWN WEINGARTEN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BERNARD J STEEVENS Jr.			4. DATE OF DEATH Month Day Year JULY 1 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/30/79	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days 82
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 country) LAWRENCETON MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME BERNARD STEEVENS Sr.		13b. MOTHER'S MAIDEN NAME MARY MUESCHER		14. NAME OF HUSBAND OR WIFE MRS LEONARD HUBER WEINGARTEN MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS LEONARD HUBER WEINGARTEN 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) Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 6 mo
DUE TO (b) Generalized arteriosclerosis					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia - 5 days.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 Hour a.m. p.m. Month, Day, Year					
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 3-14-61 to 7-1-61 and last saw him alive on 6-30-61 Death occurred at 4:25 AM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C.E. Carleton MD			22b. ADDRESS Farmington Mo		22c. DATE SIGNED 7-1-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/4/61	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC		23d. LOCATION (City, town, or county) (State) COFFMAN MISSOURI
24. FUNERAL DIRECTOR C.M. COZEAN FARMINGTON MO.		ADDRESS		25. DATE RECD. BY LOCAL REG. July 2, 1961	26. REGISTRAR'S SIGNATURE Ethel Rudloff

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 04084

P. O. Address Ferrington, 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.