

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001254
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 214

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in lb 45 YRS.	c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE # 4 BOX # 590		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE # 4 BOX # 590 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PAULENA Middle STOEGER Last			4. DATE OF DEATH Month FEB. Day 4 Year 1962		
5. SEX FEMALE	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 12/29/69	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ELGONA, WISCONSIN	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME AUGUST BAUMANN		13b. MOTHER'S MAIDEN NAME HENRIETTA (UNKNOWN)		14. NAME OF HUSBAND OR WIFE EDWARD G. STOEGER (DECEASED)	
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. NO	17. INFORMANT EMILE STOEGER, SPRINGFIELD, MO. Address RT # 4		

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>Presumed to be natural causes</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>UNATTENDED BY A PHYSICIAN</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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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.) Talked with son who stated his mother had been an invalid for around two years and bedfast. She did not want a physician. She was in no pain but gradually just drifted away.
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 _____ and last saw her/him alive on _____
Death occurred at 1:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. A. Deubler Jr.</i> (Degree or title) M.D. Greene County Health Officer, Spfld Mo	22b. ADDRESS	22c. DATE SIGNED 2-6-62 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/7/62	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	23d. LOCATION (City, town, or county) SPRINGFIELD, MO.
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24. FUNERAL DIRECTOR H. H. LOHMEYER FUNERAL HOME ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 2-8-62	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 *R. H. McCann*

Licensed Embalmer No. 2727

P. O. Address *R. H. McCann*

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.