MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020820
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 42

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Princeton, — Length of stay in 1b: 25 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Community Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Mercer
c. CITY OR TOWN: Mill Grove, Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD. #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First STELLA — Middle MAY — Last STECKMAN

4. DATE OF DEATH: Month May — Day 28, — Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/27/1887
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months 8, Days 1 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Mercer County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: William Horn.
13b. MOTHER'S MAIDEN NAME: Ellen Stewart
14. NAME OF HUSBAND OR WIFE: G.R. Steckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: G.R. Steckman — Address: Mill Grove, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Multiple Myeloma — 6 mons.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 21, 1957 to May 28, 1963 and last saw him alive on May 28, 1963
Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank H Zalent MD
22b. ADDRESS: Princeton, Mo.
22c. DATE SIGNED: 5/29/1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 30, 1963
23c. NAME OF CEMETERY OR CREMATORY: Wiles Cemetery
23d. LOCATION (City, town, or county) (State): Mercer County, Mo.

24. FUNERAL DIRECTOR: Martin & Azbell Funeral Home — ADDRESS: Princeton, Mo.
25. DATE RECD. BY LOCAL REG.: 5-29-63
26. REGISTRAR'S SIGNATURE: Earl Moss

Lyman Azbell

(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 Lyman Ayell

Licensed Embalmer No. 5020

P. O. Address Princeton, Ill.

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.