

FILED OCT 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34659

State File No.

83

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		d. STREET ADDRESS (If rural, give location) <u>404 East Howard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 East Howard</u>				d. STREET ADDRESS <u>404 East Howard</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>PAUL</u>		c. (Last) <u>STEGNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 1954</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 16, 1867</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u>5</u> Mins. <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired harness maker</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ernest Stegner</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Grimm</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Webster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>800-10-9980</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. P. Stegner California Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial insufficiency 3 years</u> DUE TO (c) <u>Chronic Cholecystitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>18 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1950</u> , to <u>Oct 31, 1954</u> that I last saw the deceased alive on <u>Oct 21, 1954</u> , and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edgar A. Kibbs M.D.</u>				23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>10/23/54</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-23-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>13/20/54</u>		REGISTRAR'S SIGNATURE <u>R. L. Popejoy</u> <u>506</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. E. Wilson California Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 1956
SEP 5 1957

FEB 20 1961

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
Student Embalmer

Signed _____

A. E. Wilson

Licensed Embalmer No. *2351*

P. O. Address *California, 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 this body is not embalmed, fact should be so stated above.