

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037312
STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 400

FILED OCT 8 1963

1. PLACE OF DEATH a. COUNTY St Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 3 days	c. CITY OR TOWN Bonne Terre		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 Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt # 2	
3. NAME OF DECEASED (Type or print) First Ethel Middle May Last Stegall			4. DATE OF DEATH Month Sept Day 27 Year 1963		
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 Dec 4, 1892	9. AGE (last birthday) 70	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days 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 Home	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo		12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME George Link		13b. MOTHER'S MAIDEN NAME Elizabeth Easter		14. NAME OF HUSBAND OR WIFE Charles Stegall, (dec)	
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. None	17. INFORMANT Mrs Harold Parks, Rt#2, Bonne Terre, 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) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension					
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 checked="" 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 Aug. 28, 1963 to Sept. 27, 1963 and last saw him/her alive on Sept. 27, 1963 Death occurred at 10:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS Bonne Terre, Missouri		22c. DATE SIGNED 9/30/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 30, 1963	23c. NAME OF CEMETERY OR CREMATORY Germania	23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.		
24. FUNERAL DIRECTOR C. Z. Boyer & Son, Inc. Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 30, 1963	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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MEDICAL CERTIFICATION

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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 Burton T. Bayers, Jr

Licensed Embalmer No. 5117

P. O. Address Bonnie Tenn, 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.