

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

DEC'D OCT 18 1938

31754

85

File No.

Registered No. 961

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
Township St Joseph Primary Registration District No. MO METHO HOSPITAL
City St Joseph (No. 312) St. Bedford Iowa (Ward)

2. FULL NAME

Ina M Steves
(a) Residence, No. Bedford St., Bedford Iowa Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S.; if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1876
7. AGE YEARS 62 MONTHS _____ DAYS _____ If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Sept 7 1938 11. Total time (years) spent in this occupation. 7 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page Co Iowa

FATHER 13. NAME John C Steves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren Co Iowa

MOTHER 15. MAIDEN NAME Mary Knox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Ina M Steves

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedford Iowa DATE Sept 16 1938

19. UNDERTAKER (ADDRESS) Wm J. Egan

20. FILED Sept 16 1938 H. H. Heald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1938 to Sept 16 1938
I last saw her alive on Sept 16 1938 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset Sept 17
chronic
acute suppurative
Caustic chest failure

Other contributory causes of importance: None
Coronary Sclerosis
Resulted

Name of operation Bowel Resection Date of Sept 9
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. S. Sanford, M. D.
85 (Address) St Joseph Mo

STATEMENT BY LICENSED EMBALMER

I, Floyd Stum, Licensed Embalmer No. 2381 Iowa
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself

or by _____, Registered Apprentice No. _____

(Signed) Floyd Stum
Licensed Embalmer No. 2381 Iowa

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)