

U.S. No. 2  
OM-8-43  
5-17-39  
X37822

1988

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 20 1948  
1948

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 14

RECEIVED  
Phelps County  
Date Filed  
81  
2  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Phelps  
 (b) City or town Rolla  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Joyce Ann Steen  
 (b) If veteran, name war -- (c) Social Security No. --

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 22 1942  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	5	10	20	hr. min.

9. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name William Arthur Steen  
 13. Birthplace Belle Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Meredith Copeland  
 15. Birthplace St. James Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant W. A. Steen  
 (b) Address 1603 N. Walnut, Rolla, Mo.

17. (a) Burial (b) Date thereof Jan. 14, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place of burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Smith-Holloway  
 (b) Address Rolla, Missouri

19. (a) 2-3-48 (b) Nadine L. Steen  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Phelps 81  
 (c) City or town Rolla (If outside city or town limits, write "RURAL") 2  
 (d) Street No. 1603 N. Walnut (If rural, give location) 2  
 (e) Citizen of foreign country? (Yes or No) No  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
 year 1948 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 3-5 1946 to 1-12-1948  
 that I last saw her alive on 11/2/48 and that death occurred on the date and hour stated above.

Immediate cause of death: Circulatory Collapse Duration 10 min  
 Due to Compensated myocardial decompensation with enlargement of heart and insufficiency of valves  
 Due to of heart and insufficiency of valves  
 Other conditions: Compensated spina  
 (Include pregnancy within 3 months of death)  
 Major findings: Injury causing paralysis of both legs  
 Operations: \_\_\_\_\_  
 Of autopsy: 157E  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Specify type of injury)  
 23. Signature Wm. A. Steen (M. D. or other) Do  
 Address: Rolla, Mo. Date signed: 1/14/48

SEP 6 1949

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W. H. Hocken*  
Licensed Embalmer No. 3643  
P. O. Address Rolla, Missouri

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.