

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 352

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saugher Hospital
(If not in hospital institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Herschel Steffey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 20 1860
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---------------|-----------|-----------|----------------------|
| <u>87</u> | <u>11</u> | <u>14</u> | hr. min. |

9. Birthplace Hancock Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Benjamin Steffey 9

13. Birthplace not known 1
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Johnson 11

15. Birthplace not known 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Sloop

(b) Address Queen city, Mo.

17. (a) Burial (b) Date thereof 12-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen city Mo.

18. (a) Signature of funeral director Wm. J. Lambert

(b) Address Queen city Mo.

19. (a) 12-7-48 (b) Wm. J. Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuylers 98

(c) City or town Queen city 0 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1948 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1948, to Dec 4, 1948, that I last saw him alive on 12-4-48, and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure and pulmonary edema

Due to Decompensated heart lesion

Due to _____

Other conditions Strangulated right inguinal hernia (12-1-48)
(Include pregnancy within 3 months of death)

Major findings: Right indirect inguinal hernioplasty- strangulated

Of autopsy _____

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) (e) Means of injury _____ 2

23. Signature Carl Houghlin (M. D. or other) D.O.

Address Kirkville Mo Date signed 12-5-48

RECEIVED

District Health Officer No. 10

District File Number 12-48-7102

Date Filed DEC 9 - 1948

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 help

....., Registered Apprentice No.

working under my personal supervision.

Signed

J. M. West

Licensed Embalmer No.

2882

P. O. Address

Queens City, N.Y.

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.