

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3702

State File No. ....

FILED JAN 18 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4478 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>-</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALPHA</u> b. (Middle) <u>CLAYTON</u> c. (Last) <u>STEEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 7 1949</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>Feb. 10, 1883</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John M. Steen</u>		13b. MOTHER'S MAIDEN NAME <u>Kitty Ostrum</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Steen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>W. H. Steen Lancaster Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/3</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 Aug. 30, 1948, to Jan. 7, 1949, that I last saw the deceased alive on Jan. 7, 1949, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.H. Bradley 2<sup>nd</sup> Dist. Officer</u>		23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>1/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ft. Madison Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Adair Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wm. H. Alford Queen City Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 15/49</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Alford</u>		333	

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

