S. No. 300
v. 10.48

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FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4274

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5-289 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gallatin
c. LENGTH OF STAY (in this place): 25
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home. R.R. 488 North K.C.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gallatin 0240 5
d. STREET ADDRESS (If rural, give location): Sunset Hill RR488 NKC.

3. NAME OF DECEASED (Type or Print)
a. (First): EMORY
b. (Middle): FRANKLIN
c. (Last): STEENSTRY

4. DATE OF DEATH (Month) (Day) (Year): Feb 19 1950

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 23 1898
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 4 Days 26 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Self. Building
11. BIRTHPLACE (State or foreign country): Slater Missouri O
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: F.W. Steenstry
13b. MOTHER'S MAIDEN NAME: Anna Elizabeth Slavine
14. NAME OF HUSBAND OR WIFE: Stella M. Steenstry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 486-01-3989
17. INFORMANT'S SIGNATURE OR NAME: Mrs Stella M. Steenstry — ADDRESS: R488 NOKC.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun Shot, Left Temple

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) .....
DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Callatin Clay Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 19 1950 6 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Suicide Shot Gun Wound.

22. *I hereby certify that I attended the deceased from* Coroner *19*__, *that I last saw the deceased alive on* ____, *19*__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Registrar
23b. ADDRESS: N. K.C. MO
23c. DATE SIGNED: Feb 22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 22-[redacted]
24c. NAME OF CEMETERY OR CREMATORY: Oddfellow Cem
24d. LOCATION (City, town, or county) (State): Smithville Clay Mo

DATE REC'D BY LOCAL REG.: Feb 22-1930
REGISTRAR'S SIGNATURE: Beulah Kitchen 63
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Morton-Smiths F.H. North K.C.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 25
istrict Health Officer No. 8.
istrict File Number
Date Filed 3-1-50

APR 6 1950

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 .....
Student Embalmer

Signed Theron D Smith
Licensed Embalmer No. 3928
P. O. Address North K.C. 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 this body is not embalmed; fact should be so stated above.