No. 300
10-48

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17712

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 202

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia Mo
c. LENGTH OF STAY (in this place) 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sedalia 102 E 10th St Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pilot Grove Mo
d. STREET ADDRESS (If rural, give location) 102 E 10th St 0270

3. NAME OF DECEASED (Type or Print) a. (First) LUZETTA b. (Middle) JANE c. (Last) STEGER

4. DATE OF DEATH (Month) MAY (Day) 30 (Year) 1950

5. SEX Fem
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Jan 10-1862
9. AGE (In years last birthday) 88-4-20 IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Richard Hull
13b. MOTHER'S MAIDEN NAME Louise Swain
14. NAME OF HUSBAND OR WIFE James Steger Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Kate Burger ADDRESS Sedalia Mo

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) Chronic Myocardosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized — 10 yrs.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4 - 21

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-29, 1950, *to* 5-30, 1950, *that I last saw the deceased alive on* 5-29, 1950, *and that death occurred at* 100 A *m., from the causes and on the date stated above.*

23a. SIGNATURE G. Rhodes, M.D. (Degree or title) O
23b. ADDRESS 312 N. S. Ohio St. Sedalia, Mo.
23c. DATE SIGNED 5-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 1-1950
24c. NAME OF CEMETERY OR CREMATORY Pilot Grove Cem.
24d. LOCATION (City, town, or county) Pilot Grove (State) Mo

DATE REC'D BY LOCAL REG. 6-1-1950
REGISTRAR'S SIGNATURE A. J. Campbell M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Hays & Painter ADDRESS Pilot Grove, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 6/7/50

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 myself

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leyton E. Jay

Licensed Embalmer No. 367

P. O. Address Pilot Grove, T

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

If this body is not embalmed, fact should be so stated above.