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FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39638

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 0212 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Rural Bacon Gap</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Springfield Mo</u>	0396
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1421 East Lombard</u>	

3. NAME OF DECEASED (Type in full) a. (First) <u>George</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Steuens</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-23-21</u>
9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S.M.C.</u>	11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>not known</u>	13b. MOTHER'S MAIDEN NAME <u>Service No</u>	14. NAME OF HUSBAND OR WIFE <u>Marlynn Mae Steuens</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>attorney of death</u>	16. SOCIAL SECURITY NO. <u>030202</u>	17. INFORMANT'S SIGNATURE OR NAME <u>M. J. Watson</u>
		ADDRESS <u>H.M.C. U.S.M.</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injuries multiple, extreme</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>airplane crash</u>	DUE TO (c) <u>Death instantly</u>	<u>37</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>field</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Bacon</u> (COUNTY) <u>Vernon</u> (STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>11-7-50</u> <u>3:45</u> p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter D. Thurman</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Nevada Mo.</u>	23c. DATE SIGNED <u>11-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarks Kansas</u>	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. <u>Nov 8-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Sarah E. Gray</u>	DATE <u>329</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter D. Thurman</u>	ADDRESS <u>40 W. W. First St</u>
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(Licensed Emballer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 11 1950

Dist. File 1150-2272

Date Filed 11-15-50

RECEIVED
NOV 11 1950

NOV 18 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 _____

Martin W. Frye

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Martin W. Frye*

Licensed Embalmer No. 2615

P. O. Address Osborne Kansas

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.