

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 27903

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>132</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> <u>0850</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>0660</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roger</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Steen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>27</u> <u>1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(E)</u>	8. DATE OF BIRTH <u>Jan. 16, 1943</u>		9. AGE (In years less birthday) <u>8</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>11</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Iberia, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Waldo Amos Steen</u>		13b. MOTHER'S MAIDEN NAME <u>Eula Popplewell</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eula Steen, Iberia, Mo.</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac arrest, acute</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ex left femur and severe back contusion.</u> DUE TO (c) <u>Died under anesthetic.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
19a. DATE OF OPERATION <u>8-27-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ex left femur.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Iberia Miller Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8</u> <u>25</u> <u>51</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from a grain elevator while playing</u>			
22. I hereby certify that I attended the deceased from <u>8/25/51, 19 51</u> , to <u>8/27</u> , 19 <u>51</u> that I last saw the deceased alive on <u>8/27</u> , 19 <u>51</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. E. Missier MD</u>				23b. ADDRESS <u>Waynesville, Mo.</u>		23c. DATE SIGNED <u>8-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 29, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-3-51</u>		REGISTRAR'S SIGNATURE <u>Eula Steen</u> <u>4588</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Miller</u> <u>4585</u>			

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

RECEIVED 9-3-51  
Pulaski County Health Officer  
File Number  
Date Filed 9-8-51

**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. 432

working under my personal supervision.

Student *Clarence Mow*  
Student Embalmer

Signed *Walter D. Hedges*

Licensed Embalmer No. 4265

P. O. Address *Heria, 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.