

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44302**

FILED MAR 4 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 2035 Registrar's No. 18

542
0

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville,	
c. LENGTH OF STAY (In this place) <u>21 days</u>		d. STREET ADDRESS (If rural, give location) 15 West 19th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Elizabeth	b. (Middle) Kay	c. (Last) Steel	4. DATE OF DEATH (Month) (Day) (Year) December 30 1951
-------------------------------------	-----------------------------	------------------------	------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 8 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6 Days 22	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	--	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	10b. KIND OF BUSINESS OR INDUSTRY Trained nurse	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
--	--	--	---

13a. FATHER'S NAME Stewart Steel	13b. MOTHER'S MAIDEN NAME Mary E. Higgins	14. NAME OF HUSBAND OR WIFE none
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hugh Rigg	ADDRESS Higginsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week
	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. Inter trochanteric fracture left hip		1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 March 19 50 to Dec 30 19 51, that I last saw the deceased alive on Dec 30 1951, and that death occurred at 9:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter E. Koppin, M.D.	23b. ADDRESS Higginsville Mo.	23c. DATE SIGNED Feb. 1, 1952
--	--------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 1st 1952	24c. NAME OF CEMETERY OR CREMATORY Higginsville City	24d. LOCATION (City, town, or county) (State) Higginsville, Missouri.
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. 2-28-52	REGISTRAR'S SIGNATURE Walter E. Koppin	25. FUNERAL DIRECTOR'S SIGNATURE Walter E. Koppin	ADDRESS Higginsville, Mo.
---	---	--	----------------------------------

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

APR 7 1952

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 Forest Rusk Hoff

Licensed Embalmer No. 4284

P. O. Address Higginsville Missouri

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.