S. No. 300
V. 10.48

0495
0

Location

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5471

FILED FEB 20 1952

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 25 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): 2109 Grand Avenue 0

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE b. (Middle): R. c. (Last): STEEN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 9, 1887
9. AGE (In years last birthday): 64 | If under 1 year: Months | Days | If under 1 day: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Mens Clothing
11. BIRTHPLACE (State or foreign country): Pulaski County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Will Steen
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Elizabeth Steen
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.: 491-07-9601
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Elizabeth Steen, 2109 Grand

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) Acute Myocardial Infarction — 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) Coronary Occlusion
DUE TO (c) Arteriosclerosis

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 4201
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* Feb 4, 1952 *to* Feb 5, 1952 *that I last saw the deceased alive on* Feb 5, 1952 *and that death occurred at* 5:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE John W. Koehler, M.D. (Degree or title) 0
23b. ADDRESS 725 Friso Bldg Joplin Mo
23c. DATE SIGNED 2-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-7-52
24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 2-11-52
REGISTRAR'S SIGNATURE: Ed. J. Ames 138 by Velda Lemaster D.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Thornhill-Dillon Mortuary, Joplin, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-18-52
Jasper County Health Office
County File Number 52/2/132
Date Filed 2-18-52

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed David Dillon

Signed _____
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.