

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7195

State File No.

FILED MAR 21 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3000 Registrar's No. 108

2013
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) yrs. 0013	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		d. STREET ADDRESS (If rural, give location) 401 S. Baltimore St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 401 S. Baltimore St.		4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1952	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Steen c. (Last) Steen		4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1952	
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 16, 1889
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days 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 L	11. BIRTHPLACE (State or foreign country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Arnold	
13b. MOTHER'S MAIDEN NAME Sarah Glaspie		14. NAME OF HUSBAND OR WIFE L	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. UK	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Gardner, Kirksville, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide, gun (32 cal. revolver)		INTERVAL BETWEEN ONSET AND DEATH instant	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		E 981X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE Homicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirksville Adair Mo.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Mar. 15, 1952 5:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Shot at home by unidentified person		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 _____, 19____, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Robert B. Davis, Coroner		23b. ADDRESS Kirksville, Mo. Adair Co.	
23c. DATE SIGNED 3-18-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-18-52		24c. NAME OF CEMETERY OR CREMATORY Pleasant Home Cem.	
24d. LOCATION (City, town, or county) (State) Putman County Mo.		DATE REC'D BY LOCAL REG. 3-18-52	
REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert B. Davis Kirksville, Mo.	

Miss. -
1915

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 _____ for my personal supervision.

Signed _____

Robert B. Davis

Signed _____
Student Embalmer

Licensed Embalmer No. 1219

P. O. Address Kirkville, 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.