

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2151**

FILED FEB 1 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **13**

1592  
4

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

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		c. LENGTH OF STAY (in this place) <b>3 months</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe 0572</b>		d. STREET ADDRESS (If rural, give location) <b>1521 Clay, St.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elliott Nursing Home 1521 Clay St.</b>			d. STREET ADDRESS (If rural, give location) <b>1521 Clay, St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>STEEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 28 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 6, 1868</b>		9. AGE (in years of last birthday) <b>82</b> Months <b>4</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaker</b>	11. BIRTHPLACE (State or foreign country) <b>Livingston Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Marion Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jacobs</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alta Summerville Chillicothe, Mo.</b>		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suburging</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) <b>?</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
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) <b>481X</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>Jan 28, 1953</b> , to <b>Jan 28, 1953</b> , that I last saw the deceased alive on <b>Jan 28, 1953</b> , and that death occurred at <b>3:47 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>G. C. Ashmuth</b> (Degree or title) <b>0</b>			23b. ADDRESS <b>M. D. Chillicothe Mo.</b>		23c. DATE SIGNED <b>Jan. 29, 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 31, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Edgewood</b>	24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-28-53</b>		REGISTRAR'S SIGNATURE <b>Francis B. Neill</b> <b>171-70</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Norman Funeral Home, Chillicothe, Mo.</b>	

---

---

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 Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, 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.