

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2279**

FILED FEB 9 1953

BIRTH NO.

REG. DIST. NO. **227**PRIMARY REG. DIST. NO. **5804**Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Jackson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Jackson Twp. 0690	
c. LENGTH OF STAY (In this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) R. F. D. #3, Paris 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #3, Paris.			
3. NAME OF DECEASED (Type or Print) a. (First) Olympia		b. (Middle) Steuber	
c. (Last) Steuber		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 4 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 21, 1868
9. AGE (In years last birthday) 84		10. MONTHS 8	11. DAYS 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY ##	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Jake Steuber		13b. MOTHER'S MAIDEN NAME Not Known	
14. NAME OF HUSBAND OR WIFE ##			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No ##		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Wolfe, Paris, Missouri		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned To Death in House Fire.	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH ✓	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9160 10			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 069	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENTAL		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Twp. Monroe Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 4, 1953 8:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Burning House			
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 about 8:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Russell H Nelson 3 (Degree or title) Coroner		23b. ADDRESS Monroe City, Missouri	
23c. DATE SIGNED 2/4-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 6, 1953	
24c. NAME OF CEMETERY OR CREMATORY Freeburg Catholic Cem.		24d. LOCATION (City, town, or county) (State) Freeburg, Missouri	
DATE REC'D BY LOCAL REG. Feb. 5, 1953		REGISTRAR'S SIGNATURE G. A. Barnett M.D. 435-0	
25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey		ADDRESS Paris, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

90
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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 _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.