No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21060

FILED JUN 23 1953

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Minneville
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mi West Minneville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Clay
c. CITY OR TOWN Minneville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1 mile West Minneville

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) NATHAN c. (Last) STEPP, SR

4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH SEPT 11, 1885

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION & FARMING

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) SIMERON New Mexico

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James M. STEPP

13b. MOTHER'S MAIDEN NAME SARAH BURNS

14. NAME OF HUSBAND OR WIFE STELLA STEPP

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 495-05-3039

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROY CAPPS 3607 E. 34th TERR

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 8 yr.
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 1950

19b. MAJOR FINDINGS OF OPERATION Carcinoma Prostate 177X

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* Jan 50, *to* June 18, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Melvin Lemmons M.D. (Degree or Title)

23b. ADDRESS 10 Corner Ct Mo

23c. DATE SIGNED 6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-22-53

24c. NAME OF CEMETERY OR CREMATORY White Chapel M.G.

24d. LOCATION (City, town, or county) (State) Clay Co. Mo

DATE REC'D BY LOCAL REG. 6-19-53

REGISTRAR'S SIGNATURE Ruth N Henry 63

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S N.K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

2114

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ..... John J. Kalsbeek ....., Student Embalmer No. 483

working under my personal supervision..

Student John J. Kalsbeek
Signature of Student-Embalmer

Signed Glenn V. Hill

Licensed Embalmer No. 4586

P. O. Address K. C. 16, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.