

STANDARD CERTIFICATE OF DEATH

State File No. 21201

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY FRANKLIN	
b. CITY OR TOWN SULLIVAN		c. CITY OR TOWN RURAL - R # 4	
c. LENGTH OF STAY (in this place) 1 HR		d. STREET ADDRESS (If rural, give location) SULLIVAN, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTHSIDE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LARRIE b. (Middle) MILTON c. (Last) STEEN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 23 1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JAN 5, 1902		9. AGE (in years last birthday) 51		10. IF UNDER 1 YEAR: Months 5 Days 18	
11. BIRTHPLACE (State or foreign country) McBEE SOUTH CAROLINA		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ADA STEEN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 247-07-7855		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ben Anderson ADDRESS Sullivan, Mo	
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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) Coronary Thrombosis ANTECEDENT CAUSES arteriosclerotic changes 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. None				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 min	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 **June 23, 1953**, to **June 23, 1953**, that I last saw the deceased alive on **June 23, 1953**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. F. Anderson (Degree or title) MD		23b. ADDRESS Sullivan Mo		23c. DATE SIGNED 6/25/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/26/53		24c. NAME OF CEMETERY OR CREMATORY NEW CHAPEL HILL		24d. LOCATION (City, town, or county) (State) R.R. 4 SULLIVAN MO	
DATE REC'D BY LOCAL 6-26-53		REGISTRAR'S SIGNATURE Ed L. ...		25. FUNERAL DIRECTOR'S SIGNATURE H. W. ... ADDRESS Sullivan, Mo.			

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.