

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29179**

No. 300  
10.48

FILED SEP 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: rank/grade before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		c. LENGTH OF STAY (in this place) <b>1 week</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile west of Richmond</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Henry</b> c. (Last) <b>Steva</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 10, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 17, 1875</b>		9. AGE (In years last birthday) <b>78</b>		10. IF UNDER 1 YEAR: Months <b>4</b> Days <b>25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>August W. Steva</b>		13b. MOTHER'S MAIDEN NAME <b>Zerelda B. Dale</b>		14. NAME OF HUSBAND OR WIFE <b>Lucy (Denton) Steva</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lucy Steva</b> ADDRESS <b>Richmond, Missouri</b>	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of coronary artery</b>		DUE TO (b) <b>Coronary arteriosclerosis</b>				<b>3 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Generalized arteriosclerosis</b>				<b>15+ years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Diabetes mellitus</b>				<b>Unknown</b>	

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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **10/3, 1951**, to **8/10, 1953**, that I last saw the deceased alive on **8/10, 1953**, and that death occurred at **10:30 PM** from the causes and on the date stated above.

23a. SIGNATURE <b>M. L. Masterson, M.D.</b> (Degree or title)		23b. ADDRESS <b>Richmond, Mo.</b>		23c. DATE SIGNED <b>8/15/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 12, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Medd's Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Ray County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>8-14-53</b>		REGISTRAR'S SIGNATURE <b>Wm. E. Eastabrook</b>		FUNERAL DIRECTOR'S SIGNATURE <b>West-Lake Funeral Home</b> ADDRESS <b>Richmond, Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 22 1953

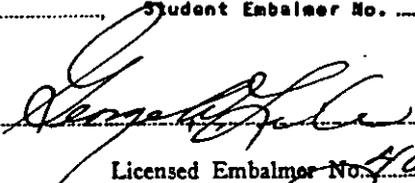
STATEMENT BY LICENSED EMBALMER

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  \_\_\_\_\_

Licensed Embalmer No. 4066

P. O. Address Putnam, 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.