

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42133

State File No.

FILED DEC 21 1953 76390

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1287		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Helena		0020		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Osteopathic Hospital				d. STREET ADDRESS (If rural, give location) *****				
3. NAME OF DECEASED (Type or Print) a. (First) Steven b. (Middle) Ray c. (Last) Kline			4. DATE OF DEATH (Month) (Day) (Year) December 8, 1953					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH December 8, 1953		9. AGE (In years last birthday) 40 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) Infant		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Frederick L. Kline			13b. MOTHER'S MAIDEN NAME Garnet Price		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frederick L. Kline		ADDRESS Helena, Mo.		
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) Birth Injury ANTECEDENT CAUSES Foot Presentation Morbidity 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. Inability to deliver head.					INTERVAL BETWEEN ONSET AND DEATH 38 min.	
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) 7610				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 December 8, 1953 to Dec. 8, 1953 , that I last saw the deceased alive on Dec. 8, 1953 and that death occurred at 3:00 P.M. m., from the causes and on the date stated above.								
23a. SIGNATURE Neva M. Steadley			23b. ADDRESS St. Joseph, Mo. 801 Francis St.		23c. DATE SIGNED Dec. 9, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 9, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
DATE REC'D BY LOCAL REG. Dec 15, 1953		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer-Fleeman, Inc.		ADDRESS St. Joseph, Mo.		

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^vembalmed by me, or by _____ ***

**** * **** Student Embalmer No. _____ *** **

working under my personal supervision.

Student *** ****
Student Embalmer

Signed Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.