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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1545**  
**384**

**79041-53**  
**FILED FEB 11 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                                                                             |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |                                                                    |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>                                             |                                                                    |
| c. LENGTH OF STAY (In this place) <b>LIFE 2 Mo</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | d. STREET ADDRESS (If rural, give location) <b>1216 Cleveland</b>                                                                           |                                                                    |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1216 Cleveland</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | e. FULL NAME OF HOSPITAL OR INSTITUTION <b>1216 Cleveland</b>                                                                               |                                                                    |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Dennis</b> b. (Middle) <b>Paul</b> c. (Last) <b>Steenrod</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | 4. DATE OF DEATH (Month) (Day) (Year) <b>1/23/54</b>                                                                                        |                                                                    |
| 5. SEX <b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE <b>Wh</b>                                                                             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>                                                                        | 8. DATE OF BIRTH <b>10/30/53</b>                                   |
| 9. AGE (In years last birthday) <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10. MONTHS <b>2</b>                                                                                    | 11. DAYS <b>24</b>                                                                                                                          | 12. HOURS <b>4</b>                                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>no</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10b. KIND OF BUSINESS OR INDUSTRY <b>no</b>                                                            | 11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo.</b>                                                                           | 12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>                          |
| 13a. FATHER'S NAME <b>Albert Steenrod</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Payeur</b>                                                                                           |                                                                    |
| 14. NAME OF HUSBAND OR WIFE <b>no</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>                         |                                                                    |
| 16. SOCIAL SECURITY NO. <b>no</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | 17. INFORMANT'S SIGNATURE OR NAME <b>Albert Steenrod</b> ADDRESS <b>1216 Cleveland</b>                                                      |                                                                    |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia</b><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ |                                                                                                        |                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>491X</b>                    |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                                                                             |                                                                    |
| 23a. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title) <b>Reg. Embalmer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | 23b. ADDRESS <b>4650 Broadway St. Mo.</b>                                                                                                   | 23c. DATE SIGNED <b>1-24-54</b>                                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 24b. DATE <b>1/25/54</b>                                                                               | 24c. NAME OF CEMETERY OR CREMATORY <b>Altivista</b>                                                                                         | 24d. LOCATION (City, town, or county) (State) <b>Wetherby, Mo.</b> |
| DATE REC'D BY LOCAL REG. <b>1-24-54</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | REGISTRAR'S SIGNATURE <b>Sheildine Smith</b>                                                           | 25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Sheil, K. C. Mo.</b> ADDRESS _____                                                              |                                                                    |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

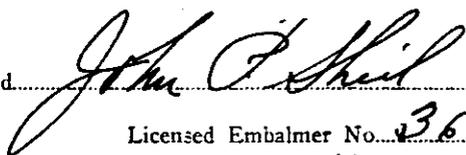
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....



Licensed Embalmer No. 3625

P. O. Address K. C. 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.