

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3935**

BIRTH NO. FILED MAR 15 1954		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3005		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY BATES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES			
b. CITY (If outside corporate limits, write RURAL and give town) BUTLER		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN BUTLER		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BUTLER MEMORIAL HOSP.				e. STREET ADDRESS (If rural, give location) GILBERT HEIGHTS			
3. NAME OF DECEASED (Type or Print) a. (First) LILLIAN		b. (Middle) MANETTA		c. (Last) STEEES		4. DATE OF DEATH (Month) (Day) (Year) MARCH 10 1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 17 1888	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 15 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH W. WALBURN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE FRANKLIN STEES			
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. 204-01-3326		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILBUR KERSTETTER BUTLER 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac decompensation				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis					
		DUE TO (c) Arteriosclerotic Heart Disease					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 24, 1954 , to March 10, 1954 , that I last saw the deceased alive on March 10, 1954 , and that death occurred at 6:07 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles A. Lusk Jr.				23b. ADDRESS M.D. State Bk Bldg. Butler, Mo.		23c. DATE SIGNED 3/11/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MARCH 11 1954		24c. NAME OF CEMETERY OR CREMATORY SHOOP CEMETERY		24d. LOCATION (City, town, or county) (State) HARRISBURG PA.	
DATE REC'D BY LOCAL REG. Mar. 11-54		REGISTRAR'S SIGNATURE Kendall Young		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cuba Woodwood Butler, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert G. Steinbach*.....

Licensed Embalmer No. *4657*.....

P. O. Address *Butte, Id.*.....

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