

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12499

State File No. ....

FILED MAY 3 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 4252 Registrar's No. 43

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerview</u> c. LENGTH OF STAY (In this place) <u>2 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Everts Nursing Home</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Medford</u> <span style="float:right">b510</span> d. STREET ADDRESS (If rural, give location) <u>0</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>ANNA</u> b. (Middle) <u>Steffens</u> c. (Last) <u>SINESH</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Apr. 9, 1954</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 28, 1873</u>	<b>9. AGE</b> (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Russellville, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA.</u>

<b>13a. FATHER'S NAME</b> <u>Frederick Steffens</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Kathryn Opel</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry Sinesh, Medford, Mo</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		<b>16. SOCIAL SECURITY NO.</b> <u>---</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Henry Sinesh, Medford, Mo.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES 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. <u>Gen Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH
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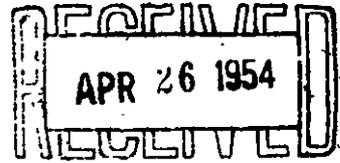
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4221</u>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)			<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from January, 1942, to April 9, 1954, that I last saw the deceased alive on Apr. 2, 1954, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Kelly Rawlins M.D.</u>		<b>23b. ADDRESS</b> <u>Holden Mo</u>		<b>23c. DATE SIGNED</b> <u>4/10/54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>4-10-1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Medford Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Medford, Mo.</u>

<b>DATE REC'D BY LOCAL REG</b> <u>Apr. 21, 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Savannah Cauterfield</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>E.B. CAST HOLDEN MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JOHNSON COUNTY HEALTH DEPT.

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. 4058

P. O. Address. Holden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.