

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDR. A. THOMAS  
State File No. **22773**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 711

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>GREENE</b>	
b. CITY OR TOWN <b>RURAL, SOUTH CAMPBELL RT 12 SPFLD, MO.</b>		c. CITY OR TOWN <b>RT 12, SPFLD, MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RT 12</b>		e. STREET ADDRESS (If rural, give location) <b>ROUTE # 12</b>	
3. NAME OF DECEASED (Type or Print) <b>EMMA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 20 1954</b>	
a. (First)		b. (Middle) <b>FASSNIGHT</b>	
c. (Last) <b>STEURY</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>APRIL 10, 1860</b>	
9. AGE (In years last birthday) <b>94</b>		10. UNDER 1 YEAR Days	
11. UNDER 12 HRS. Hours		12. UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>CHERBORGEN MICHIGAN</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>CONRAD FASSNIGHT</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA FASSNIGHT</b>	
13c. NAME OF HUSBAND OR WIFE <b>RUDOLPH STEURY</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>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>FRANK STEURY</b>		ADDRESS <b>RT 12</b>	
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 INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure (MI)</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis general</b>			
DUE TO (c) <b>Senility</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>✓</b>			
19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>✓</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>✓</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>✓</b>			
22. I hereby certify that I attended the deceased from <b>6/26, 1954</b> to <b>7/20, 1954</b> , that I last saw the deceased alive on <b>7/12, 1954</b> , and that death occurred at <b>7:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Dr. Thomas</b>		23b. ADDRESS <b>374 Rauden Rd</b>	
(Degree or title) <b>M.D.</b>		23c. DATE SIGNED <b>7/21/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7/23/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>HAZELWOOD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>7/22/54</b>		REGISTRAR'S SIGNATURE <b>Emilia Williamson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. LOHMEYER</b>		ADDRESS <b>500 E. WALNUT</b>	

OCT 25 1958

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 *W. H. McCann*.....

Licensed Embalmer No. *272*.....

P. O. Address *Springfield*.....

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.