

14801

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 8 1955

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5743 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Rural Poplar Bluff, Mo.</u> c. LENGTH OF STAY (in this place) <u>36 yr</u>		c. CITY OR TOWN <u>Poplar Bluff</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 5</u>		STREET ADDRESS (If rural, give location) <u>Route 5</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matthew</u> b. (Middle) _____ c. (Last) <u>Steffan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-19-55</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 3, 1980</u>
9. AGE (In years last birthday) <u>75</u>		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) <u>Cabinet maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cabinet</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Austria Hungary</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Martin Steffan</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Steffan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Steffan Poplar Bluff, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Malignant hypertension</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>Cerebral hemorrhage with</u> DUE TO (c) <u>right hemoplegia</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>		3 years	
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) <u>4201</u>	
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 <u>9-30-53</u> to <u>5-19-55</u> , 19____, that I last saw the deceased alive on <u>5-19-55</u> , 19____, and that death occurred at <u>5:30 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. Brandon</u> W. D. Brandon, MD. (Degree or title) MD		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>5-23-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5/31/55</u>	REGISTRARS SIGNATURE <u>W. D. Minich</u> 482-10	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer Croy & Fitch Poplar Bluff, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
JUN 6 - 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Wallace N. Fitch

Licensed Embalmer No. 385
P. O. Address Poplar Bluff

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.