

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39552**

FILED JAN 10 1956

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **384**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY SEHUYLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY OR TOWN Putnam City	
c. LENGTH OF STAY (in this place) 12 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital			
STREET ADDRESS (If rural, give location) 0.980			

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) Jasper	c. (Last) Steen	4. DATE OF DEATH (Month) (Day) (Year) December 27, 1955
5. SEX Male	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH August 13, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Worker	10b. KIND OF BUSINESS OR INDUSTRY Cement	11. BIRTHPLACE (City and State or Foreign Country) Putnam County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mathew Steen	13b. MOTHER'S MAIDEN NAME Arminda Calbert	14. NAME OF HUSBAND OR WIFE Minnie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____		

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 I. DISEASE OR CONDITION: DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 4200A II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 10 mins. 1 year 10 yrs.
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) (Min.)	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 **12-15, 1955** to **12-27, 1955**, that I last saw the deceased alive on **12-26, 1955**, and that death occurred at **6:55 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Jones	23b. ADDRESS Kirksville, Missouri	23c. DATE SIGNED 12-29-55
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 12-30-55	24c. NAME OF CEMETERY OR CREMATORY Pleasant Home
24d. LOCATION (City, town, or county) (State) Putnam County Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Dorley Ford Home ADDRESS Putnam City Mo	
DATE REC'D BY LOCAL REG. 1-6-56	REGISTRAR'S SIGNATURE Kate Lambert	

(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 *Frank H. Dooly*
Licensed Embalmer No..... 40

P. O. Address... *Queen*...

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.