

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
41850

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5665 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STEFFENVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STEFFENVILLE	
c. LENGTH OF STAY (In this place) XXXXX		d. STREET ADDRESS (If rural, give location) XXXXXXXXXXXXXXXXXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXXXX			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) EDWARD		c. (Last) STEFFEN		4. DATE OF DEATH (Month) (Day) (Year) DEC. 19, 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11/15/1878	
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months 1		11. UNDER 24 HRS. Days 4		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) NEWARK, MO.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME CONRAD STEFFEN		13b. MOTHER'S MAIDEN NAME LOUISE FOX		14. NAME OF HUSBAND OR WIFE ANNIE STEFFEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ANNIE STEFFEN	
(If yes, give war or dates of service) NO				ADDRESS STEFFENVILLE, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia		ANTECEDENT CAUSES		12-14-55	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		12-19-55	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 331X			

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) Living Lewis Mo	
21d. TIME OF INJURY		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 12-14, 1955, to 12-20, 1955, that I last saw the deceased alive on 12-19, 1955, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. V. Coater</u>		23b. ADDRESS <u>W. D. Labelle Mrs</u>		23c. DATE SIGNED <u>12-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>12/22/55</u>		24c. NAME OF CEMETERY OR CREMATORY STEFFENVILLE	
				24d. LOCATION (City, town, or county) (State) STEFFENVILLE, MO.	

DATE REC'D BY LOCAL REG. <u>12-22-55</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Croft</u>	
		ADDRESS <u>16150</u>		ADDRESS <u>Lewistown, Mo.</u>	
E. L. (Licensed Embalmer's Statement on Reverse Side)					

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

JAN 4 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
Student Embalmer

Signed Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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