

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22911

State File No.

FILED AUG 13 1956

REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **858**

S. No. 300
V. 10.48

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Lancaster	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 16 days		e. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2		0981	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Hollis c. (Last) Steen			4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 5, 1901
9. AGE (In years Last birthday) 55		IF UNDER 1 YEAR Months 6 Days 3	IF UNDER 24 HRS. Hours Min.
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 (City and State or Foreign Country) Queen City, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Mitchell Steen	
13b. MOTHER'S MAIDEN NAME Kitty Ostrom		14. NAME OF HUSBAND OR WIFE Ethel Steen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-28-4785	
17. INFORMANT'S SIGNATURE OR NAME Ethel Steen		ADDRESS Lancaster, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH on admission	
ANTECEDENT CAUSES * Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) A rterio-Sclerosis			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome Associated		331X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION with cerebral arterio sclerosis with psychosis		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 July 23, 1956 , to Aug. 8, 1956 , that I last saw the deceased alive on Aug. 8, 1956 , and that death occurred at 12:55 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Jarrett Thomas M.D.		23b. ADDRESS St. Joe Mo. State Hosp No. 8-8-56	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 8, 1956.	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Lancaster, Missouri.
DATE REC'D BY LOCAL REG. Aug 10, 1956	REGISTRAR'S SIGNATURE Evelyn M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bauman Funeral Home, St Joseph, Mo	

485-1

L.W.

APR 14 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..... Eugene Wood

Licensed Embalmer No. 3824

P. O. Address 514 So 10th, H. J.

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.