

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

**23099**

No. 300  
10.48

**FILED JUL 11 1956**

State File No. 5240  
Registrar's No. 154

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>385</u>  |  | PRIMARY REG. DIST. NO. <u>3039</u>   |  | Registrar's No. <u>154</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Chariton</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New-Cambria Wein</u>  |  | c. LENGTH OF STAY (in this place) <u>69yrs</u>   |  | c. CITY OR TOWN <u>Wein New-Cambria</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>R L</u>  |  |  |  | e. STREET ADDRESS (If rural, give location) <u>R 1</u>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Joseph</u> b. (Middle) <u>H.</u> c. (Last) <u>Steffes</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>6/21/56</u> |  |  |   |  |
| 5. SEX <u>M</u>   |  | 6. COLOR OR RACE <u>W</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>  |  | 8. DATE OF BIRTH <u>11/30/1886</u>  |  |
| 9. AGE (In years last birthday) <u>69</u>   |  | IF UNDER 1 YEAR Days <u>6</u>  |  | IF UNDER 24 HOURS Min. <u>21</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>                        |  |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |   |  |
| 13a. FATHER'S NAME <u>Anton Steffes</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Afra Hoover</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Mary Caroline</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>   |  | 16. SOCIAL SECURITY NO. <u>495-36-6926</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amos J. Steffes New Cambria, Mo</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u><br><u>infarction</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  |  | 19a. DATE OF OPERATION   |  |  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4201</u>   |  |   |  |
| 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)   |  | 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 _____, 19____, to <u>6-21</u> , 19 <u>56</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Stefes</u>  |  |  |  | 23b. ADDRESS <u>Marion, Mo</u>   |  | 23c. DATE SIGNED <u>6-22-56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>  |  | 24b. DATE <u>6/23/56</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Wein, Mo</u>   |  |
| DATE REC'D BY LOCAL REG. <u>6-21-56</u>   |  | REGISTRAR'S SIGNATURE <u>Mary Jane Redway</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>   |  | ADDRESS <u>Marion, Mo</u>   |  |

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

(Licensed Embalmer's Statement on Reverse Side)

JUL 26 1958

FEB 13 1957

**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.....  
*Joseph D. [Signature]*

Licensed Embalmer No.....

P. O. Address.....  
*Mabelton, Pa.*

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.