

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27490
STATE FILE NUMBER

FILED SEP 5 1958

Registration District No. 172 Primary Registration District No. 5641 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <i>Lafayette Davis Twp.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Higginsville Mo</i> <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY-OR TOWN <i>Higginsville Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Found dead in a corn field</i> Length of stay in lb				d. STREET ADDRESS (If outside, give location) <i>406 W. 29th St.</i> <input checked="" type="checkbox"/> <i>Residence on Farm</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Ernest W Steffens</i> First Middle Last				4. DATE OF DEATH <i>8-24-56</i> Month Day Year			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Jan 21 1900</i>	
9. AGE (In years last birthday) <i>56</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Appliance Dealer</i>		11. BIRTHPLACE (City and state or country) <i>Concordia Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Henry H. Steffens</i>				14. MOTHER'S MAIDEN NAME <i>Bertha Gieske</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>196-09-6966</i>		17. INFORMANT <i>Ernest W. Steffens Jr. Kansas City Kas.</i> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suicide by hanging</i> <i>This man was standing on a back up truck and had the rope about his neck tied to the back of the truck. He then reached up to the fork of a 2' collar rifle. The bullet struck the fork of the rifle in the skull & emerged from the back of the skull.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (EVEN IN PARTIAL ENTRY) <i>The skull was intact. Death was by hanging.</i>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Hanging by neck.</i>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF DEATH <i>Probably p. m. 8-24-56</i>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>corn field on farm</i>		20f. CITY, TOWN, OR LOCATION <i>Higginsville Lafayette Mo</i>		20e. COUNTY <i>Missouri</i> STATE	
21. I attended the deceased from <i>after death on 8-27-56</i> and last saw her alive on <i>him</i> Death occurred at <i>evening or night</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W. Martin M.D. Coroner</i> (Degree or title)				22b. ADDRESS <i>Clayton St. Mo</i>		22c. DATE SIGNED <i>8-16-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>8/28/56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Higginsville Missouri</i>	
24. FUNERAL DIRECTOR <i>off Baker</i> ADDRESS <i>Higginsville Mo</i>				25. DATE RECD. BY LOCAL REG. <i>Aug. 27 1956</i>		26. REGISTRAR'S SIGNATURE <i>Clayton H. Landrum</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
54-0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 22 1958
APR 2 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 *Wm. L. Thurman*

Licensed Embalmer No. *4563*

P. O. Address *Richmonds, Va.*

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.