

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34863

FILED OCT 29 1956

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 4345 Registrar's No. 51

<b>1. PLACE OF DEATH</b> a. COUNTY <u>New Madrid</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Matthews</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sells Nursing Home</u> Length of stay in lb <u>3 wks.</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY OR TOWN <u>Parma</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>0120</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Otto</u> Middle <u>Jack</u> Last <u>Steffen</u>			<b>4. DATE OF DEATH</b> Month <u>Sept.</u> Day <u>22</u> Year <u>1956</u>				
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>cauc.</u>	<b>7. MARRIED</b> <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Feb. 16, 1888</u>	<b>9. AGE (In years last birthday)</b> <u>68</u>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired leather factory worker</u>		
<b>13. FATHER'S NAME</b> <u>Methias Steffen</u>			<b>14. MOTHER'S MAIDEN NAME</b> <u>Anna Meiring</u>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>547-08-2900</u>		<b>17. INFORMANT</b> <u>W.B. Morgan</u> Address <u>Parma Mo;</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchiogenic Carcinoma</u> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 yrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <u>162x</u>					
<b>20c. TIME OF INJURY</b> Hour _____ a. m. _____ p. m.		<b>20d. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.) _____					
<b>20e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____					
<b>21. I attended the deceased from</b> <u>8/30/56</u> to <u>9/20/56</u> and last saw <u>her</u> alive on <u>9/20/56</u> Death occurred at <u>9:30</u> <u>A</u> :M on the date stated above; and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Wm. C. Citchelaw M D</u>				<b>22b. ADDRESS</b> <u>Seheston, Mo</u>			
<b>22c. DATE SIGNED</b> <u>Oct 3, 1956</u>							
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>		<b>23b. DATE</b> <u>Sept. 23, 1956</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Parma Cemetery</u>			
<b>23d. LOCATION (City, town, or county)</b> <u>Parma Mo;</u>				<b>23e. STATE</b> _____			
<b>24. FUNERAL DIRECTOR</b> <u>Watkins Funeral Ser.</u> Address <u>Parma Mo;</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>10 Oct 56</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Fay Hedgkoth</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED OCT 22 1956  
NEW MADRID CO. HEALTH CENTER  
P. J. S.

**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 Earl M. Watkins

Licensed Embalmer No. 49

P. O. Address Center

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.