

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1958

State File No. 12

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 53-22 Registrar's No. 1-1958

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>		c. LENGTH OF STAY (In this place) <u>5 years</u>	c. CITY OR TOWN <u>Cuba</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Not Available</u>	

3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>STEFFEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2 1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>SEPT. 7, 1914</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>LOUIS H. STEFFEN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA ELLERSIECK</u>		14. NAME OF HUSBAND OR WIFE <u>MARY BUSSE STEFFEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-499300</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS MARY STEFFEN - Cuba - Mo.</u> ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>many years</u> <u>childhood</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart</u>		
	DUE TO (c) <u>Rheumatic fever</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>anorexia 1 month</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? <u>2</u> 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.) <u>416X</u>	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? _____
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22. I hereby certify that I attended the deceased from Aug 1, 1957, to 2 Jan, 1958, that I last saw the deceased alive on 2 Jan, 1958, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald Van Arsdell, M.D.</u> (Degree or title) ✓	23b. ADDRESS <u>Bourbon, Mo</u>	23c. DATE SIGNED <u>3 Jan 58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinder</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-3-58</u>	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman L. ...</u> ADDRESS <u>Cuba, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 ROBERT PARKER ROACH, Student Embalmer No. 549 working under my personal supervision..

Student Robert P. Roach  
Signature of Student Embalmer

Signed Norman E. Heener  
Licensed Embalmer No. 467

P. O. Address Cuba, Mo.

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.