

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014932
State File No.

FILED APR 16 1958

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (If in place) <u>2 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> <u>0541</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan's Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>101 Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Steffens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 9, 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>Aug. 28, 1887</u>	
9. AGE (In years: last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Concordia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. <input checked="" type="checkbox"/> Manager		10b. KIND OF BUSINESS OR INDUSTRY <u>Implement Business</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Concordia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Steffens</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Gieseke</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Nettie Steffens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>96-16-9241 A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nettie Steffens</u>		ADDRESS <u>Higginsville, Mo.</u>	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCT.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MESENTERIC EMBOLISM</u> DUE TO (c) <u>CEREBRAL SCLEROSIS</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>24 hrs.</u> <u>5-6 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
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 <u>MAR 26, 1958</u> , to <u>APR 9, 1958</u> , that I last saw the deceased alive on <u>APR 9, 1958</u> , and that death occurred at <u>9:50A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. W. Matheny M.D.</u>				23b. ADDRESS <u>Chillicothe, Missouri</u>		23c. DATE SIGNED <u>4/9/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/9/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hoefer Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/9/58</u>		REGISTRAR'S SIGNATURE <u>Frances B. Reil</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>James H. Hoefer Higginsville, Mo.</u>			

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

176

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
Student Embalmer

Signed Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.