

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014044
State File No.

FILED MAY 13 1959

REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 46

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

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY LINN	
b. CITY OR TOWN MARCELINE		c. CITY OR TOWN MARCELINE	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		STREET ADDRESS (If rural, give location) 225 W. WALKER	
3. NAME OF DECEASED (Type or Print) JOSEPHINE MAGDELENE		4. DATE OF DEATH (Month) (Day) (Year) MAY 8 1959	
a. (First)		b. (Middle)	
c. (Last) STEFFES			
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct. 11, 1893
9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 27	IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) WEIN, MO.	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JACOB FEBSLER		13b. MOTHER'S MAIDEN NAME JOSEPHINE HUSSEM	
14. NAME OF HUSBAND OR WIFE JOHN STEFFES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 498-92-4434	
17. INFORMANT'S SIGNATURE OR NAME John Steffes		ADDRESS Marceline	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, Myelocytic INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) (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 5-8-59 to 5-8-59 , that I last saw the deceased alive on 5-8-59 and that death occurred at 9:00 m., from the causes and on the date stated above.			
23a. SIGNATURE Shirley W. Owens		23b. ADDRESS Marceline MO 5-9-59	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-11-59	24c. NAME OF CEMETERY OR CREMATORY ST. MARY CEM.	24d. LOCATION (City, town, or county) (State) WEIN MO
DATE REC'D BY LOCAL REG. 5-10-59	REGISTRAR'S SIGNATURE Bronnie Owens	25. FUNERAL DIRECTOR'S SIGNATURE Miller-Tillotson	
ADDRESS MARCELINE MO			

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..... *Silber* *Tellata*

Licensed Embalmer No. *450*

P. O. Address *Manueli*
M.

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