

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 18

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 26 1963**

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crawford Twp</u>		Length of stay in 1b	c. CITY OR TOWN <u>Morrison</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hope Mo RFD</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Ferdinand</u> Last <u>Steffen</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/9/1907</u>	9. AGE (last birthday) <u>55</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>11</u> IF UNDER 24 HR: Hours <u>11</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>assistant Cashier</u>		11. BIRTHPLACE (City and state or country) <u>Morrison RFD USA</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William Steffen</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Huerner</u>	
14. NAME OF HUSBAND OR WIFE <u>Edna A Danuser</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>[redacted]</u>	
17. INFORMANT <u>Mrs F F Steffen Morrison Mo</u>		17. ADDRESS			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Coronary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1072 min.</u>
DUE TO (b) <u>Arterio-sclerotic Heart Disease</u>		<u>5 yrs.</u>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obesity</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>          </u> a.m. / p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Morrison Mo</u>	COUNTY <u>          </u>	STATE <u>          </u>
21. I attended the deceased from <u>Sept. 9 1959</u> to <u>June 23, 63.</u> and last saw <sup>him</sup> alive on <u>June 8, 63.</u> Death occurred at <u>6:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>F. B. Farnsworth, D.O.</u>	22b. ADDRESS <u>Chamois Mo.</u>	22c. DATE SIGNED <u>6-24-63.</u>
---	------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>6/25/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cemetery</u>	23d. LOCATION (City, town, or county) <u>Morrison Mo</u>	(State) <u>          </u>
--	-------------------------------	---	---	------------------------------

24. FUNERAL DIRECTOR <u>Lloyd Marton</u>	ADDRESS <u>Linn Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-24-1963</u>	26. REGISTRAR'S SIGNATURE <u>Max. Lloyd Marton</u>
---	---------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59  
 0760  
 0760  
 0  
 1  
 0  
 2  
 94200  
 10  
 11  
 12 90-2  
 13 7-0  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF  
 MEDICAL CERTIFICATION  
 DOCUMENT  
 DATE AMENDED  
 USE BLACK INK OR TYPEWRITER RIBBON

JUN 27 1963

**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

*Vernon M. Weston*

Licensed Embalmer No.

*4125*

P. O. Address

*Linn 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.