FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25336

Registration District No. ..... Primary Registration District No. 3000 Registrar's No. 207

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair 1
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 615 N. Mulvix St 3
(If rural, give location)
(e) Citizen of foreign country? — (~~Yes or~~ No) 0
If yes, name country —

3. (a) PRINT FULL NAME Albeon Steen
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M O 5. Color or race Wh 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive ✓ years 2
7. Birth date of deceased Nov (Month) 16 (Day) 1866 (Year)

8. AGE: Years 81 Months 9 Days 7 If less than one day — hr. — min.

9. Birthplace Near Greentop (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business —
FATHER
12. Name Unknown 7
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant No Family in
(b) Address Attendance Hospital Rec
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greentop Mo
18. (a) Signature of funeral director Louis E. Hopper
(b) Address Clarence Mo
19. (a) Aug 7 1948 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1948 hour 10 minute 55 A.M.
21. I hereby certify that I attended the deceased from July 30, 1948, to Aug 7, 1948
that I last saw him alive on Aug 7, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	1 week
Due to Congestive Heart Failure	10 days
Due to Coronary Thrombosis	10 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy 940

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature M T Gutensohn (~~M. D.~~ or other) DO
Address Kirksville, Mo Date signed 8-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-48-1457
Date Filed AUG 17 1948

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Louis E. Hopper

Licensed Embalmer No. 426

P. O. Address Clarence, 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.