

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED NOV 12 1949**

State File No. **33106**

No. 300  
10.48  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1202

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY OR TOWN <b>St. Joseph</b> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>Wathena</b> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hosp.</b> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) <b>2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ora</b>	b. (Middle) <b>May</b>	c. (Last) <b>Stees</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1, 1949</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 12, 1900</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Stees</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edward Stees</b> ADDRESS <b>Wathena, Kansas</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cerebral Anoxia</b>		<b>14 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchial Asthma</b> DUE TO (c)		<b>1 wk</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Atelectasis left lower lobe due to mucus plug of Bronchus. Also Supraventricular Tachycardia</b>			<b>? 24X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>XX</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>XX</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>XX</b>
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22. I hereby certify that I attended the deceased from 10-30, 1949, to Nov. 1, 1949, that I last saw the deceased alive on Nov. 1, 1949 and that death occurred at 3:04 AM from the causes and on the date stated above.

22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>St. Joseph, Missouri</b>	23c. DATE SIGNED <b>11/1/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/1/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dodds Funeral Home</b>	24d. LOCATION (City, town, or county) (State) <b>Wathena, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>Nov 1, 1949</b>	REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b> 382	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Wathena, Kan</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 9 1955

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.....

Not Embalmed

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

*John C. Anderson*  
Signed John C. Anderson

Licensed Embalmer No. ....

P. O. Address Wathena, Kansas

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.