

FILED AUG 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23339
677 Registrar's No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH
 a. COUNTY **Greene**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**
 c. LENGTH OF STAY (In this place) **151 days**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **VA Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Wright**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mansfield**
 d. STREET ADDRESS (If rural, give location) **Unknown**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Floyd** b. (Middle) **A.** c. (Last) **Steffe**
 4. DATE OF DEATH (Month) (Day) (Year) **July 29 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
 8. DATE OF BIRTH **April 16, 1895** 9. AGE (In years last birthday) **55**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Funeral Director**
 10b. KIND OF BUSINESS OR INDUSTRY **Funeral Home**
 11. BIRTHPLACE (State or foreign country) **Sedgwick, Kansas**
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **David L. Steffe** 13b. MOTHER'S MAIDEN NAME **Luella Bonham** 14. NAME OF HUSBAND OR WIFE **Jesse C. Steffe**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **WW I**
 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **VA Hospital Records, Springfield, Mo.** ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **secondary to: Hypertensive cardiac disease.**
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH
443x

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **February 28, 1950, to July 29, 1950**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. J. Bondurant M.D. Professional Services** (Name or title) 23b. ADDRESS **VA Hospital Springfield, Missouri** 23c. DATE SIGNED **7/29/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-1-50** 24c. NAME OF CEMETERY OR CREMATORY **Mansfield Mo** 24d. LOCATION (City, town, or county) (State) **Mansfield Mo**

DATE REC'D BY LOCAL REG. **8-2-50** REGISTRAR'S SIGNATURE **W E Handley** 25. FUNERAL DIRECTOR'S SIGNATURE **Kelley Ferrell Burman** ADDRESS **Mansfield, Mo.**

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

AUG 30 1970

2.7.970

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

working under my personal supervision.

Student Embalmer No.

Signed *J. L. Cooleman*

Signed.....
Student Embalmer

Licensed Embalmer No. *4562*

P. O. Address *Springfield 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.