

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10106
1187

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 1 YEAR	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 2038	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 8102 TERRACE STREET	

3. NAME OF DECEASED (Type or Print) VIDLET B. M. STEFFEE			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 24 1953		
a. (First)	b. (Middle)	c. (Last)	Date	Month	Year

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT-7-1874	9. AGE (In years last birthday) 78	10. F UNDER 1 YEAR Months	11. F UNDER 1 YEAR Days	12. F UNDER 1 YEAR Hours	13. F UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BLACKHAWK COUNTY IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME EDWIN MILLER		13b. MOTHER'S MAIDEN NAME ELIZABETH		14. NAME OF HUSBAND OR WIFE DANIEL W. STEFFEE			
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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. 486-10-3751D		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLIFFORD F. STEFFEE 8102 TERRACE ST. KANSAS CITY, MO.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure 18da						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b) Toxic Myocarditis 18da					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Pneumonia and acute myocardial infarction 18da					
		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia 5 yrs							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Feb 7, 1953, to Feb 24, 1953, that I last saw the deceased alive on 2-23-53, 11 PM 1953, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE Carl H. Reitz (Degree or title) M.D.		23b. ADDRESS 404 1/2 W 75th St Kansas City, Mo.		23c. DATE SIGNED 2-24-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB-26-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 2-26-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City, 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.