

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

State File No. **30850**

No. 300
V. 10.48

FILED **SEP 9 - 1953**

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

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 159		
1. PLACE OF DEATH a. COUNTY Bernard				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if different) a. STATE Mo b. COUNTY Washington				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		0493		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp #3				d. STREET ADDRESS (If rural, give location) 1167 So. Maspel				
3. NAME OF DECEASED (Type or Print) Louis		b. (Middle) C. Steffler		c. (Last) Steffler		4. DATE OF DEATH (Month) (Day) (Year) Aug 26 - 53		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 23 - 1878		9. AGE (In years) (Months) (Days) (Hours) (Min.) 75 - 5 - 3 - -		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Geo. W. Steffler			13b. MOTHER'S MAIDEN NAME Ellen Clearwater		14. NAME OF HUSBAND OR WIFE Mr. Pearl Steffler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Health Records, Nevada Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 5 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis				6 mo.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Aug 1 , 19 50 , to Aug 26 , 19 53 , that I last saw the deceased alive on Aug 26 , 19 53 , and that death occurred at 2:40 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE C. W. Steffler (Degree or title)				23b. ADDRESS 4519 S. 1st St. Nevada Mo.		23c. DATE SIGNED 8/24/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-27-53		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem.		24d. LOCATION (City, town, or county) (State) Kansas City Mo.		
DATE REC'D BY LOCAL REG. 9-4-53		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Eisinger		ADDRESS Funeral Home Nevada, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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 *Jersey F. Milster*

Licensed Embalmer No. 3805

P. O. Address Devada, 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.