

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38106

State File No. _____

No. 300
10-48

FILED OCT 20 1953

REG. DIST. NO. 373

PRIMARY REG. DIST. NO. 6271

Registrar's No. 69

BIRTH NO. _____			REG. DIST. NO. 373			PRIMARY REG. DIST. NO. 6271			Registrar's No. 69		
1. PLACE OF DEATH a. COUNTY WEBSTER						2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PURA WASH 43783				c. LENGTH OF STAY (in this place) 43783		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PURA WASH 1120				d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION						d. STREET ADDRESS (If rural, give location) 0					

3. NAME OF DECEASED (Type or Print) IRA			a. (First)			b. (Middle)			c. (Last) STEYER			4. DATE OF DEATH (Month) (Day) (Year) OCT 7 1953					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		MARRIED			8. DATE OF BIRTH MAR 30 1883			9. AGE (In years last birthday) 70		10. MONTHS	11. DAYS	12. HOURS	13. MINS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) FARMER						10b. KIND OF BUSINESS OR INDUSTRY						11. BIRTHPLACE (City and State or Foreign Country) THORPE MO			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME JAMES STEVER				13b. MOTHER'S MAIDEN NAME ELIZABETH HAYMES				14. NAME OF HUSBAND OR WIFE CORA STEYER			
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.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS CORA STEYER CONWAY, RI			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Inanition + Debilitation											
		ANTECEDENT CAUSES Mediastinal Carcinosis											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Compression of Esophagus											
		DUE TO (c) Bronchiogenic Carcinoma											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 162X								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 6-1, 1953, to 10-7, 1953, that I last saw the deceased alive on 10-6, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Blinn			23b. ADDRESS Dr. Marshfield, Mo.			23c. DATE SIGNED 10/10/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-9-1953		24c. NAME OF CEMETERY OR CREMATORY MARTIN		24d. LOCATION (City, town, or county) (State) WEBSTER CO MO			
DATE REC'D BY LOCAL REG. 10/9/53		REGISTRAR'S SIGNATURE [Signature] 3925				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER-BARTO MARSHFIELD			

(Licensed Embalmer's Statement on Reverse Side)

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

1120

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

Rev Barber

Licensed Embalmer No. 3848

P. O. Address Wm. Thome

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.