

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

996

State File No.

FILED FEB 15 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>12 years</u>		d. STREET ADDRESS (If rural, give location) <u>2100 West Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2100 West Grand</u>		e. STREET ADDRESS <u>2100 West Grand</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ENID</u>	b. (Middle) <u>STEPHENSON</u>	c. (Last) <u>STEINERT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 8 1954</u>
-------------------------------------	------------------------	-------------------------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 25, 1911</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>34</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
----------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Nixa, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Joseph Stephenson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Sanders</u>	14. NAME OF HUSBAND OR WIFE <u>William Lee Steinert</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Lee Steinert, Springfield, Mo.</u>	ADDRESS <u>Springfield, Mo.</u>
---	--	---	---------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound in CHEST</u>		
	ANTECEDENT CAUSES Entering just below heart		
*Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		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 _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE <u>SUICIDE</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>house</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene MO</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 8 '54 12:15</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot self thru chest</u>
---	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, and that death occurred at 11:45A m., from the causes and on the date stated above.

22a. SIGNATURE OF CORONER <u>Dr. E. Allen (Pickens)</u>	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>2-10-54</u>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 10, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Springfield, Missouri</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-11-54</u>	REGISTRAR'S SIGNATURE <u>Fritz Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell E. Winkle</u>	ADDRESS <u>Springfield, Mo.</u>
---	---	--	---------------------------------

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Gene B. Hunter

Signed.....
Student Embalmer

Licensed Embalmer No. 4739

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.