

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19934

State File No. \_\_\_\_\_  
Registrar's No. 45

FILED JUL 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. LENGTH OF STAY (in this place) <u>10 min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		d. STREET ADDRESS (If rural, give location) <u>506 North 5th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>506 North 5th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBIA</u>			b. (Middle) <u>LESTER</u>		c. (Last) <u>STEERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 9, 1893</u>		9. AGE (in years last birthday) <u>61</u>	10. UNDER 1 YEAR <u>3</u>	11. UNDER 100 Hrs. <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Jefferson Steers</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Blacketter</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Steers</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-14-0893</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene Steers, Louisiana, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>frequent attacks of angina and acute congestive failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Nov. 1952</u>  <u>about 1 1/2 yrs.</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					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. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov. 1952</u> , to <u>6/13/54</u> , that I last saw the deceased alive on <u>6/13/54</u> , and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles P. Lewellen, M.D.</u> (Degree or title)				23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>6/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/17/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buffalo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pike Co., Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 17, 1954</u>		REGISTRAR'S SIGNATURE <u>Bernice Callers</u> <u>1374</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sterne Funeral Home, Louisiana, Mo.</u>			

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 Virginia M. Steine

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.