

Health, Welfare  
Public  
Service

300  
-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 5 1957

STANDARD CERTIFICATE OF DEATH

23516 STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 3038 Registrar's No. 34

1. PLACE OF DEATH  
a. COUNTY Benton  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fristoe Township Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mile S Warsaw Length of stay in lb 6 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson Co.  
c. CITY OR TOWN Kansas City 3538 Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 3735 Wayne Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
JOEL CARL STEN

4. DATE OF DEATH Month Day Year  
July 28 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH Nov. 3, 1895 9. AGE (In years last birthday) 61 10. UNDER 1 YEAR Months 6 Days 15 11. UNDER 24 HRS. Hours 15 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter 10b. KIND OF BUSINESS OR INDUSTRY Midwest Pipe Co. 11. BIRTHPLACE (City and state or country) Marrinette, Wis. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gustav Sten 13b. MOTHER'S MAIDEN NAME Amanda Isaelson 14. NAME OF HUSBAND OR WIFE Lola Sten

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. 268073466 17. INFORMANT Address Lola Sten 3735 Wayne Kansas City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Myocardial infarction  
DUE TO (b) Coronary thrombosis  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 30 min

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_  
20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 28, 1957 to July 28, 1957 and last saw him alive on July 28, 1957  
Death occurred at 9:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Embroider, M.D. 22b. ADDRESS Warsaw, Mo. 22c. DATE SIGNED 7-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-29-1957 23c. NAME OF CEMETERY OR CREMATORY Memorial Garden 23d. LOCATION (City, town, or county) (State) Wyandott Co. Kansas

24. FUNERAL DIRECTOR ADDRESS Jack W. Reser Warsaw, Mo 25. DATE RECD. BY LOCAL REG. July 29-1957 26. REGISTRAR'S SIGNATURE Jas. A. Logan  
(Licensed Embalmer's Statement on Reverse Side)

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AUG 8 1951

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 .....  
Signature of Student Embalmer

Signed *Jack W. Reser* .....  
Licensed Embalmer No. 4643

P. O. Address Warsaw, 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).  
2. If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.