

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033245

STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 443

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 4950
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2304 BIRD AVE.		Length of stay in lb 17 YRS	d. STREET ADDRESS (If outside, give location) 2304 BIRD AVE.
3. NAME OF DECEASED (Type or print) First Middle Last JOHN WILLIAM STEFFENS			4. DATE OF DEATH Month Day Year SEPTEMBER 6, 1958
5. SEX M O	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 6, 1889
9. AGE (In years last birthday) 69		FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BLDG & REPAIR	11. BIRTHPLACE (City and state or country) HOWELL, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MAX STEFFENS	
13b. MOTHER'S MAIDEN NAME MARTHA PARSON		14. NAME OF HUSBAND OR WIFE PEARL STEFFENS	
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. UNK	17. INFORMANT Address MRS. PEARL STEFFENS, 2304 BIRD AVE.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Metastatic Carcinoma DUE TO (c) Origin Prostrate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 2 days Unknown 177X
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 2-9-55 to 9-6-58 and last saw him alive on 9-6-58 Death occurred at 9-6-58 12:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. H. Wilson M.D. Alice H. Wilson, M.D.		22b. ADDRESS 1923 Sorcoant, Joplin, Mo	22c. DATE SIGNED 9-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Sept. 10, '58	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery
23d. LOCATION (City, town, or county) Joplin, Missouri		23e. DATE RECD. BY LOCAL REG. 9-12-1958	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO		26. REGISTRAR'S SIGNATURE Dove Merriam	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 28 1958

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 *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

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