

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004888

STATE FILE NUMBER

MAR 12 1959

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 28

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Good Fellows Hosp</b>		Length of stay in lb <b>7 mo.</b>	d. STREET ADDRESS (If outside, give location) <b>504 So. Hardy</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Ira Leonard Steffee</b>			4. DATE OF DEATH Month Day Year <b>Feb 1 1959</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 1st. 1883</b>
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done if engaged in work (If retired, give kind of work)) <b>Trouble Shooter K. C. Power &amp; Light Co.</b>	11. BIRTHPLACE (City and state or country) <b>Tusqaros Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>		13. FATHER'S NAME <b>John Steffee</b>	
13b. MOTHER'S MAIDEN NAME <b>Ellen Hunt</b>		14. NAME OF HUSBAND OR WIFE <b>Lucy Steffee</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-03-5922B</b>	17. INFORMANT Address <b>Mrs. Lucy Steffee 504 So. Hardy</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Senility arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4500</b>			
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.)	
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 <b>July 58</b> to <b>Feb. 28, 59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Feb. 28, 59</b> Death occurred at <b>9:50</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm H Godson</b> (Degree or title)		22b. ADDRESS <b>Liberty Mo</b>	22c. DATE SIGNED <b>3/1/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/3/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Earp &amp; Sons</b> ADDRESS <b>Kansas City Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-5-59</b>	26. REGISTRAR'S SIGNATURE <b>Mabel Graham</b>



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

*John B. Camp*

Licensed Embalmer No. *2955*

P. O. Address .... *K.C. 940*

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.