ORI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 25 1960

-60-027574

STATE FILE NUMBER

NDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 Bridge Street — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 311 Bridge Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Allen — Middle Marion — Last Steen

4. DATE OF DEATH Month July — Day 16 — Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-2-1889

9. AGE (last birthday) 70

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Guard

10b. KIND OF BUSINESS OR INDUSTRY Pratt-Whitney

11. BIRTHPLACE (City and state or country) Livingston Co, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Marion Steen

13b. MOTHER'S MAIDEN NAME Mary Elizabeth Anderson

14. NAME OF HUSBAND OR WIFE Ineze Owens Steen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1

16. SOCIAL SECURITY NO. 486-12-8116

17. INFORMANT Address 311 Bridge St. Mrs. A. M. Steen; Chillicothe, Mo.

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Artery disease — Unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year

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 1, 1960 to July 16, 1960 and last saw him alive on July 15, 1960
Death occurred at five-fifteen a. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William L. Fair, MD

22b. ADDRESS Chillicothe, MO

22c. DATE SIGNED 7/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-17-60

23c. NAME OF CEMETERY OR CREMATORY Christison

23d. LOCATION (City, town, or county) (State) Livingston Co., Mo.

24. FUNERAL DIRECTOR — ADDRESS Norman Funeral Home; Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG. July 18, 1960

26. REGISTRAR'S SIGNATURE Annalee Taylor Deputy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 26 1960

JUL 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elton Neuman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.