

THE DIVISION OF HEALTH OF THE STATE OF NEVADA
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1949

BIRTH NO. **85562-49** REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **193**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Nevada			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Nevada		
b. CITY OR TOWN Nevada		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Nevada		157
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital			d. STREET ADDRESS (If rural, give location) 903 West Cherry		
3. NAME OF DECEASED a. (First) Lynna b. (Middle) Lee c. (Last) Steel			4. DATE OF DEATH (Month) (Day) (Year) 12-3-49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH Dec. 1 St. 49	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Nevada, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Monty Steel		13b. MOTHER'S MAIDEN NAME Helma Steel		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Monty P. Steel, Nevada, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Birth injury ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Breech presentation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7610
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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from birth , 19 — , to Dec 3 , 19 49 , that I last saw the deceased alive on Dec. 3 , 19 49 , and that death occurred at 7:04 m., from the causes and on the date stated above.					
23a. SIGNATURE E. R. King M.D. (Degree or title)			23b. ADDRESS Nevada, Mo.		23c. DATE SIGNED 12-3-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-5-1949	24c. NAME OF CEMETERY OR CREMATORY Greenwood Burial Park		24d. LOCATION (City, town, or county) (State) Nevada Mo.	
DATE REC'D BY LOCAL REG. Dec. 12, 1949	REGISTRAR'S SIGNATURE W. A. King		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home Nevada, Mo.		

RECEIVED
District Health Officer No. 7;
District File Number 11-49-1481
Date Filed 12-19-49

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 ✓ not.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Mark Eibinger.....
Licensed Embalmer No. 2656.....
P. O. Address Nevada, 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.