

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4176

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 2008 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Booneville Mo</u>	
c. LENGTH OF STAY (in this place) <u>8m/19d</u>		d. STREET ADDRESS (If rural, give location) <u>0272</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>E</u> c. (Last) <u>STEINER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov 23-1860</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Booneville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Adam Steiner</u>		13b. MOTHER'S MAIDEN NAME <u>Heneretta</u>		14. NAME OF HUSBAND OR WIFE <u>dK</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dK</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>dK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hos records Hulton Mo</u> ADDRESS <u>Hulton Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypo pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chr. myo carditis</u> <u>senile psychosis simple type</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4.222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 2-16, 1952 to 2-26 1952 that I last saw the deceased alive on 2-26, 1952 and that death occurred at 4:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.C. Caldwell M.D.</u>	23b. ADDRESS <u>State Hos Hulton Mo</u>	23c. DATE SIGNED <u>2-26-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/26/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Under Booneville</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 26-1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Falsh & Carr</u> ADDRESS <u>Fayette Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.