

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24960

State File No. _____

FILED JUL 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5643</u>		Registrar's No. <u>52</u>			
1. PLACE OF DEATH a. COUNTY <u>LAZAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAZAYETTE</u>					
b. CITY OR TOWN <u>RURAL CONCORDIA</u>		c. LENGTH OF STAY (in this place) <u>FREEPORT</u>		c. CITY OR TOWN <u>CONCORDIA RURAL, FREEPORT TOWNSHIP</u>		1541			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>RURAL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER HENRY</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>STEINMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 23 1952</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 30 1897</u>			
9. AGE (In years, last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		9. AGE (In years, last birthday) <u>55</u> 10. MONTHS <u>3</u> 11. DAYS <u>23</u>			
11. BIRTHPLACE (State or foreign country) <u>CONCORDIA RURAL</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>						
13a. FATHER'S NAME <u>HENRY STEINMAN</u>			13b. MOTHER'S MAIDEN NAME <u>SOPHIA HUELS</u>			14. NAME OF HUSBAND OR WIFE <u>LAURA BRANDT STEINMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS LAURA STEINMAN</u> ADDRESS <u>CONCORDIA MO</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis</u> ANTECEDENT CAUSES <u>primary bronchogenic ca.</u> 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>162x</u>					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) (Minute) _____		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 <u>19 July, 1952</u> , to <u>23 July, 1952</u> , that I last saw the deceased alive on <u>22 July, 1952</u> , and that death occurred at <u>11:25 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) <u>Ralph H. Jones MD</u>				23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>23 July 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 25 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>			
DATE REC'D BY LOCAL REG. <u>July 25-1952</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> 154		25. FUNERAL DIRECTOR'S SIGNATURE <u>G.F. PARKER</u>		ADDRESS <u>SWEET SPRINGS, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Spring, Md.

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.