

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31105

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 242

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

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		<u>1311 E. DUNKLIN STR</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JANET</u> b. (Middle) <u>REGINA</u> c. (Last) <u>STEINBACKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 5, 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 17, 1951</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CITY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>THOMAS STEINBACKER</u>		13b. MOTHER'S MAIDEN NAME <u>REGINA SPELLMAN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>THOMAS STEINBACKER</u>	
				ADDRESS <u>J. C. 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Heart Defect (septal defect common to all 4 chambers.)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>since birth</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7540</u>			20. AUTOPSY? YES <input checked="" 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) (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 May 17, 1951, to Oct. 5, 1952, that I last saw the deceased alive on Oct. 5, 1952, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John S. Sennott, M.D.</u>		23b. ADDRESS <u>Jefferson City, MO.</u>		23c. DATE SIGNED <u>10-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 8, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVETT</u>	
DATE REC'D BY LOCAL REG. <u>Oct 6 - 1952</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle, C. MO.</u>	

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 Lybriester Duelle
Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.