

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21250**

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5401 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Third Creek Twp		c. LENGTH OF STAY (In this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Third Creek Twp.		10. 03' C	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bland, Mo. Rt.				d. STREET ADDRESS (If rural, give location) Bland, Mo. Rt.			
3. NAME OF DECEASED (Type or Print) a. (First) Rudolph			b. (Middle) Wilhelm		c. (Last) Steinbeck		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 22, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours IF UNDER 4 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) Cooper Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Steinbeck			13b. MOTHER'S MAIDEN NAME Caroline Hueller		14. NAME OF HUSBAND OR WIFE beck Augusta Schneider Stein		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. Steinbeck Bland, Mo. Rt.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis INTERVAL BETWEEN ONSET AND DEATH 10 years ANTECEDENT CAUSES none DUE TO (b) none DUE TO (c) high blood pressure, kidney trouble II. OTHER SIGNIFICANT CONDITIONS high blood pressure, kidney trouble Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4214		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) (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 <u>1943</u> , to <u>MAY 15</u> , 1953, that I last saw the deceased alive on <u>MAY 15</u> , 1953, and that death occurred at <u>NOON</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. G. Bunge, M.D.				23b. ADDRESS BLAND Mo.		23c. DATE SIGNED 5-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-18-1953	24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery		24d. LOCATION (City, town, or county) (State) Woolam, Mo.		
DATE REC'D BY LOCAL REG. JUN 22 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Michael W. H. Winters OWENSVILLE			

(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 Ma

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Myford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.