

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23171

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>40 hours</u>		c. CITY OR TOWN <u>Poplar Bluff</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Village Hotel.</u>				STREET ADDRESS (If rural, give location) <u>Route No. 3</u> 0129			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GABRIEL</u>		b. (Middle) <u>B.</u>		c. (Last) <u>STEINER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>21 July 1955</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>28 Feb. 1886</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner & Grnhouse work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Florist & Coal Mining</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Highland, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Steiner</u>		13b. MOTHER'S MAIDEN NAME <u>Elise East</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Martha Steiner</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>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Martha Steiner, Percy Illinois.</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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis 420/</u> DUE TO (c) <u>found dead in hotel room</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>History of previous blood clot attacks</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Subdural in right parietal on two occasions</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)		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 _____, 19____, to _____, 19____, that I last saw the deceased <u>Dead on 21 July 1955</u> and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE <u>S. L. Null</u> (Degree or title) <u>Croner of Phelps Co., Mo.</u>				22b. ADDRESS <u>508 West 8th St., Rolla Mo.,</u>		22c. DATE SIGNED <u>23 July 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>25 July 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Phelps, Mo.,</u>	
DATE REC'D BY LOCAL REG. <u>July 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Nadine S. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Null & Sons Funeral Home</u>		ADDRESS <u>Rolla Mo.,</u>	

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed Aug 2 1955

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 _____
Signature of Student Embalmer

Signed Paul E. N...

Licensed Embalmer No. 44

P. O. Address Rolla

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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