

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25201

State File No.

FILED SEP 14 1955

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5010 Registrar's No. 76

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural near Rosendale</u> | c. LENGTH OF STAY (in this place) <u>2</u> | c. CITY OR TOWN <u>Rural near</u> | d. In 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 | | F. STREET ADDRESS (If rural, give location) <u>Rosendale</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Steiger</u> c. (Last) <u>M^oDonald</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-1955</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>9-17-1870</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u> | IF UNDER 12 HRS. Hours <u></u> Min. <u></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 (City and State or Foreign Country) <u>Atchison Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>Jacob Steiger</u> | 13b. MOTHER'S MAIDEN NAME <u>Bertha Meyers</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Aubrey Haebelle Rosendale mo</u> | ADDRESS |
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| 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 Artery Accident</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>A. S. Heart Disease</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) m. | 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 7-29, 1955 to 8-29, 1955 that I last saw the deceased alive on 8-28, 1955, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

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|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Warren E. Bahum</u> (Degree or title) | 23b. ADDRESS <u>Savannah mo.</u> | 23c. DATE SIGNED <u>8-29-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>8-29-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lower Freely Grove near Rosendale mo</u> | 24d. LOCATION (City, town, or county) (State) |
| DATE REC'D BY LOCAL REG. <u>9-6-55</u> | REGISTRAR'S SIGNATURE <u>J. Sparks</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u> | ADDRESS <u>Savannah mo</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *E. C. Breit*.....

Licensed Embalmer No. *26*.....

P. O. Address *Sacramento*.....

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.