

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26501**
3234

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3234</u>
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 35 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 6615- Wabash		STREET ADDRESS (If rural, give location) 6615 Wabash		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) F.	c. (Last) STEINBECK	4. DATE OF DEATH (Month) 7 (Day) 27 (Year) 55
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-4-1869	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Ret. Inspector		10b. KIND OF BUSINESS OR INDUSTRY Grain Inspection	11. BIRTHPLACE (City and State or Foreign Country) Gasconade County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm. Steinbeck		13b. MOTHER'S MAIDEN NAME Caroline Huélier	14. NAME OF HUSBAND OR WIFE Eliza Steinbeck	
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 Mrs. Jos. W. Niewald ADDRESS 6615 Wabash, KC Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis coronary occlusion ANTECEDENT CAUSES DUE TO (b) Malnutrition due to Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Fracture L. hip II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 yrs 1 yr. E. L. Petty
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Jackson (STATE) Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-7-54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell on floor		
22. I hereby certify that I attended the deceased from 7-29-54 to 7-29-54 , that I last saw the deceased alive on 7-2-54 , and that death occurred at 11:30 A. m., from the causes and on the date stated above.				
23a. SIGNATURE E. L. Petty M.D.		23b. ADDRESS 701 E 63d St. N.C. Mo	23c. DATE SIGNED 7-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-30-55	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 7-29-55	REGISTRAR'S SIGNATURE Reva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Wagner Funeral Home, K.C. Mo. ADDRESS		

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

Office 9334

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 *Alvin R. Hauenschield*

Licensed Embalmer No. *410*

P. O. Address *H.C.W.*

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.