

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28678

State File No.

No. 300
10.48

1220

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6139 Registrar's No. 618

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| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Black Creek Twp.</u> | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>Black Creek Twp.</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 | | STREET ADDRESS (If rural, give location) <u>1020</u> | |
| 3. NAME OF DECEASED a. (First) <u>NANCY</u> b. (Middle) <u>PEARL</u> c. (Last) <u>STEINBACH</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11-1955</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>May 2-1978</u> |
| 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Days <u>3</u> | IF UNDER 12 HRS. Hours <u>9</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Chas B. Jones</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Pearl Cole</u> | 14. NAME OF HUSBAND OR WIFE <u>Henry Steinbach</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>331X</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Sam Jones Bethel Mo.</u> ADDRESS | |
| 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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & hypertension</u> DUE TO (c) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Junctional scurvy</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 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) (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 <u>Feb 21, 1955</u> , to <u>Aug 11, 1955</u> , that I last saw the deceased alive on <u>Aug 11, 1955</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Madie Bower</u> (Degree or title) | | 23b. ADDRESS <u>Box 2, Shelbina Mo.</u> | 23c. DATE SIGNED <u>Aug 15, 1955</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 24b. DATE <u>Aug 12-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Shelby county Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>8-17-55</u> | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> 419- <u>0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u> ADDRESS <u>Shelbiville Mo.</u> | |

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *G. W. Morgan*

Licensed Embalmer No. *2719*

P. O. Address... *Rothel*

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.