

10. 300
0. 48

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36400

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Daviness		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviness	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin		c. LENGTH OF STAY (in this place) 2 Years	c. CITY OR TOWN Gallatin
d. FULL NAME OF HOSPITAL OR INSTITUTION Cox Rest Home		STREET ADDRESS (If rural, give location) ---	

03100

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Irene c. (Last) Steinbeck			4. DATE OF DEATH (Month) (Day) (Year) November 22 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 10, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months --- Days ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Bruce		13b. MOTHER'S MAIDEN NAME Lucy Johnson		14. NAME OF HUSBAND OR WIFE Harry Steinbeck (Dec'd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-09-0791		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cleo Galpin, Hamilton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			10 yrs.
	DUE TO (c) 4221			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 11-19, 1955, to 11-22, 1955, that I last saw the deceased alive on 11-21, 1955, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE Alfred E. Nelson M.D. (Degree or title)	23b. ADDRESS Gallatin, Mo.	23c. DATE SIGNED 11-22-55
---	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-25-1955	24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Missouri
DATE REC'D BY LOCAL REG. 11-28-55	REGISTRAR'S SIGNATURE Virgenia M Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	ADDRESS Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3-26-52

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.....
L. O. Richerson

Licensed Embalmer No. 330

P. O. Address *Gallatin*

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.