

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10234**BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3086** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				STREET ADDRESS (If rural, give location) Prairie Township				
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Steinman c. (Last) Steinman			4. DATE OF DEATH Mch 12-1956		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH mch 2-1906		9. AGE (In years last birthday) 50 IF UNDER 1 YEAR: Months 0 Days 10 IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) La.		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Charles W. Steinman		
13b. MOTHER'S MAIDEN NAME Isadore D. Wynnens		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		
17. INFORMANT'S SIGNATURE OR NAME Albert Steiner, R.F.D. Moberly, Mo.				ADDRESS R.F.D. Moberly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Hypernephroma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RT Kidney DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Removal of RT Kidney & Vessels from 180X		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) (Min.)		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 April, 1954 , to March 12, 1956 , that I last saw the deceased alive on Mar. 12, 1956 and that death occurred at 6:00 P.M. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Willie J. ...		23b. ADDRESS Moberly, Missouri		
23c. DATE SIGNED 3-14-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-13-56		24c. NAME OF CEMETERY OR CREMATORY Newton, Ia		
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. 3-13-56		REGISTRAR'S SIGNATURE Seabrooke		25. FUNERAL DIRECTOR'S SIGNATURE Mahon and Son Moberly, Mo.		
ADDRESS		ADDRESS		ADDRESS		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKING A SEPARATE 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 *Frank D. D. With*.....

Licensed Embalmer No. *301*.....

P. O. Address *Proberle*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.