

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24407

FILED JUL 30 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 244

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY Marion		b. CITY (If outside corporate limits, write RURAL and give town or township) Hannibal		c. LENGTH OF STAY (in this place) 7/13/56		a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give town or township) Hannibal		c. LENGTH OF STAY (in this place) 7/13/56		c. CITY OR TOWN Hannibal		b. COUNTY Marion	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital				e. STREET ADDRESS (If rural, give location) 109 North Ninth			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
a. (First) Frederick		b. (Middle) Kansteiner		c. (Last)		a. (Month) (Day) (Year) July 17, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH November 24, 1870	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and State or Foreign Country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME William Kansteiner		13b. MOTHER'S MAIDEN NAME Katherine Meyer		14. NAME OF HUSBAND OR WIFE Martha Bates (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Louise Kansteiner Hannibal Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure			
				ANTECEDENT CAUSES			
				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
				General Debility of aged			
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)			
				Hannibal Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 2, 1956 , to July 17, 1956 , that I last saw the deceased alive on July 17, 1956 and that death occurred at 11:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. E. Smetzman M.D.				23b. ADDRESS Hannibal Mo.			
23c. DATE SIGNED 7/19/56							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/20/56		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
DATE REC'D BY LOCAL REG. 7-23-56		REGISTRAR'S SIGNATURE Dr. E. Lucke By W. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE W. B. ...		ADDRESS Hannibal Missouri	

RECEIVED JUL 26 1956
MARION CO. HEALTH DEPT.
DATE FILED JUL 26 1956

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 *W. Crawford Smith*
.....

Licensed Embalmer No. 7814.....

P. O. Address Hannibal Missouri.....

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.