

FILED OCT 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36858**

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4546		Registrar's No. 32			
1. PLACE OF DEATH a. COUNTY WORTH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WORTH					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Denver MO		c. LENGTH OF STAY (In this place) 595		c. CITY OR TOWN Denver, MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 1120					
3. NAME OF DECEASED (Type or Print) a. (First) ROSETA			b. (Middle) JANE			c. (Last) STEINMAN			
4. DATE OF DEATH		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
8. DATE OF BIRTH JAN 20 1881		9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME CHESLEY MURPHY		13b. MOTHER'S MAIDEN NAME SARAH JONES			
14. NAME OF HUSBAND OR WIFE EDWARD STEINMAN				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Edward Steinman				18. ADDRESS Denver, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized 10yrs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X				INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) 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 1948 to Oct 16 , 19 56 , that I last saw the deceased alive on Oct 16 , 19 56 , and that death occurred at 9p m., from the causes and on the date stated above.									
23a. SIGNATURE Frank B. Matteson MD (Degree or title)				23b. ADDRESS Grant City, Missouri		23c. DATE SIGNED 10-18-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 18 1956		24c. NAME OF CEMETERY OR CREMATORY Miller Cemetery		24d. LOCATION (City, town, or county) (State) Denver MO			
DATE REC'D BY LOCAL REG. 10-27-1956		REGISTRAR'S SIGNATURE Leta C. Dawson		25. FUNERAL DIRECTOR'S SIGNATURE NA Braun		ADDRESS Denver, MO			

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

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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 John Andrews, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 42

P. O. Address Grant City

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.