

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31400

STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany			Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Albany		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 N. Hundley			Length of stay in lb 5 mos.		d. STREET ADDRESS 208 E Daniel		
3. NAME OF DECEASED (Type or print) Mary Elizabeth Steinman				4. DATE OF DEATH Oct. 7. 1957			
5. SEX F		6. COLOR OR RACE W		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED		8. DATE OF BIRTH Feb 20, 1875	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (City and state or country) Gentry County, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME A.F. Fry				14. MOTHER'S MAIDEN NAME Belle Seagle			
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 Mr. Charles Ray. Independence, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis with hypertension DUE TO (c) ✓ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ✓						INTERVAL BETWEEN ONSET AND DEATH Not Known	
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ✓	
20c. TIME OF INJURY Hour a. m. p. m. 2:10 a. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ✓					
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20f. CITY, TOWN, OR LOCATION Albany		COUNTY Missouri		STATE Missouri	
21. I attended the deceased from Sept 13 1957 and last saw her alive on Sept 30 1957 Death occurred at 2:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. M. Newman MD				22b. ADDRESS Albany Mo		22c. DATE SIGNED 10/14/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Oct. 9, 1957		23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. LOCATION (City, town, or county) (State) Albany, Missouri	
24. FUNERAL DIRECTOR Clifford Brooks, Albany, Missouri				25. DATE RECD. BY LOCAL REG. 10-12-1957		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

(Licensed Embalmer's Statement on Reverse Side)

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 me Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E. Coehelf

Licensed Embalmer No. 48

P. O. Address Albany, M.

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.