

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025081

STATE FILE NUMBER

FILED JUL 24 1958

Registration District No. 109

Primary Registration District No. #180

Registrar's No. 199

300

1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell, Missouri		c. CITY OR TOWN Campbell 0350	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 709 Garr St.-Campbell		d. STREET ADDRESS (If outside, give location) 709 Garr Street	
3. NAME OF DECEASED (Type or print) First Middle Last Mattie Austin Steadman		4. DATE OF DEATH Month Day Year July 13 1958	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 15, 1888
9. AGE (In years at birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Houston, Texas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Robert Steadman	
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. Unknown	17. INFORMANT Lulamae Smith 709 Garr-Campbell, 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) Carcinoma of left side of face. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 1913			INTERVAL BETWEEN ONSET AND DEATH ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7/6/58 to 7/13/58 and last saw her alive on 7/13/58 Death occurred at 1:20 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Design or title) Raymond L. Franklin		22b. ADDRESS Campbell, Mo.	22c. DATE SIGNED 7/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Campbell Missouri
24. FUNERAL DIRECTOR Landess Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. 7-15-1958	26. REGISTRAR'S SIGNATURE Mrs. Bental Sampson

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 7-21-58  
COUNTY FILE NUMBER 758-173

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 *Christina M. Landrum*

Licensed Embalmer No. 4227

P. O. Address *Campbell, TN*

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.