

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026377

STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 257 Primary Registration District No. 3048 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <b>Nodaway County Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Sheridan</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Francis Hospital 2-weeks</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>south part</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Nona</b> Middle <b>Fern</b> Last <b>Campbell</b>			4. DATE OF DEATH Month <b>July</b> Day <b>3</b> Year <b>1958</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October-10-1914</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>co-oner-ofstore</b>	9. AGE (In years last birthday) <b>43</b> IF UNDER 1 YEAR: Months <b>8</b> Days <b>20</b> IF UNDER 24 HRS.: Hours <b>0</b> Min. <b>0</b>
11. BIRTHPLACE (City and state or country) <b>Washington Center Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Edward Steinman</b>		14. MOTHER'S MAIDEN NAME <b>Jane Murphy</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>592X</b>	
17. INFORMANT <b>Claude Campbell Sheridan Missouri</b> Address			
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Glomerulonephritis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 <b>&gt; 3y</b>
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 _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <b>6/23/58</b> to <b>7/3/58</b> and last saw her alive on <b>7/2/58</b> Death occurred at <b>1230</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul Engel, M.D.</b> (Degree or title)		22b. ADDRESS <b>Maryville, Mo</b>	
22c. DATE SIGNED <b>7/24/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 5-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Miller Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>2 1/2 miles West Denver Mo</b>
24. FUNERAL DIRECTOR <b>John Andrews</b> ADDRESS <b>Shant City Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7-26-58</b>	
26. REGISTRAR'S SIGNATURE <b>Bess Bolt</b>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS NOV 25 1959

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. 48

P. O. Address Grant Co

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.