

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028329  
STATE FILE NUMBER

REC AUG 18 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 875

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>6117 St. Joseph</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1007 N. 22nd St.</b>		Length of stay in lb <b>10 yrs.</b>	
3. NAME OF DECEASED (Type or print) <b>EMMA</b>		4. DATE OF DEATH Month Day Year <b>August 13, 1958</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 15, 1886</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	
11. BIRTHPLACE (City and state or country) <b>Kirchberg, Switzerland 5</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ulrich Wiedmar</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth (Unknown)</b>	
14. NAME OF HUSBAND OR WIFE <b>John R. Steinman</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	
16. SOCIAL SECURITY NO. <b>489-40-8125</b>		17. INFORMANT Address <b>Margaret Steinman, 1007 N. 22nd St., St. Joseph, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Congestive Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertensive Heart Disease</b>			
DUE TO (c) <b>Hypertension</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 WORK <input type="checkbox"/> 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 <b>St. Joseph, Missouri</b>		20g. COUNTY STATE	
21. I attended the deceased from <b>August 7, 1958</b> to <b>Aug 13, 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Aug 13, 1958</b> Death occurred at <b>9:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Sharon El Laggoner M.D.</b> (Degree or title)		22b. ADDRESS <b>301 Illinois Ave St. Joseph, Missouri</b>	
22c. DATE SIGNED <b>8-14-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/18/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Amazonia, Missouri</b>	
24. FUNERAL DIRECTOR <b>Heaton Bowman</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 15, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Mr. Clark Handell</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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AUG 28 1958

SEP 25 1958

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 *William Spooling* .....

Licensed Embalmer No. *4535* .....

P. O. Address. *Spokane, Mo* .....

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.