Health, & Welfare
Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043248
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 561

1. PLACE OF DEATH a. COUNTY Boone b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes [X] No [ ] c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo. Medical Center — Length of stay in 1b 18 Days	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 6320 Carnegie — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First BERTHA Middle BEA Last Steckdaub

4. DATE OF DEATH: Month Dec. Day 15 Year 58

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-17-97

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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): Boone Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Willis Bea

13b. MOTHER'S MAIDEN NAME: Minie Harmon

14. NAME OF HUSBAND OR WIFE: W. C. Steckdaub

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Medical Records, University Hospital — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 6 yrs.

DUE TO (c) with Aortic Stenosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4 200

19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 27 NOV 58, to 12 DEC 58 and last saw her alive on 12 DEC 58

Death occurred at 630 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. S. Sanders (Degree or title) MD

22b. ADDRESS: University Med. Center

22c. DATE SIGNED: 15 DEC 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-18-1958

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.

23d. LOCATION (City, town, or county) (State): Columbia, Mo

24. FUNERAL DIRECTOR: Parker Funeral Service — ADDRESS: Columbia Mo.

25. DATE RECD. BY LOCAL REG.: Dec. 17 1958

26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 19 19[illegible]

FEB 24 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed George A. Kirby

Licensed Embalmer No. 4752

P. O. Address Columbia, M[illegible]

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.

DEC 30 195[illegible]