

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032973

FILED VS SEP 28 1959

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 82

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Lincoln		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford		Length of stay in 1b 8hr.		a. STATE Missouri b. COUNTY Lincoln	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GARRETT Middle LOUIS Last STEINMESCH				4. DATE OF DEATH Month Sept. Day 18, Year 1959			
5. SEX Male	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 12-23-1879	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 8 Days 25	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist			10b. KIND OF BUSINESS OR INDUSTRY Dentistry		11. BIRTHPLACE (City and state or country) Wright City Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Herman Steinmesch			13b. MOTHER'S MAIDEN NAME Anna Wessendorf			14. NAME OF HUSBAND OR WIFE Effie Steinmesch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Effie Steinmesch Hawkpoint MO. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEGULLARY FAILURE DUE TO (b) CEREBRAL HEMORRHAGE DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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) CARCINOMA OF LUNG						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. 		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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 9-18-59 to 9-18-59 and last saw him alive on 9-18-59 Death occurred at 11:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. Blackwell D.O.				22b. ADDRESS Troy Missouri		22c. DATE SIGNED 9-19-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Hawkpoint Cemetery		23d. LOCATION (City, town, or county) (State) Hawkpoint MO.			
24. FUNERAL DIRECTOR D.W. McCoy ADDRESS Troy Mo			25. DATE RECD. BY LOCAL REG. 9-19-1959	26. REGISTRAR'S SIGNATURE Charlotte Leek			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D. W. McLaughlin

Licensed Embalmer No. 3586

P. O. Address Froy 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.