

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005493

FILED VS FEB 24 1960

Registration District No. 69 Primary Registration District No. 5272 Registrar's No. 2

STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH a. COUNTY <u>Christian</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Township</u> | | Length of stay in 1b <u>68 years</u> | c. CITY OR TOWN <u>Billings, Route #1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>4 miles Southeast</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|--|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>George</u> Last <u>Steinbaugh</u> | | | 4. DATE OF DEATH Month <u>January</u> Day <u>30</u> Year <u>1960</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 15, 1884</u> | 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR - IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Dairy</u> | 11. BIRTHPLACE (City and state or country) <u>South Bend, Indiana</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>George Steinbaugh</u> | | 13b. MOTHER'S MARDEN NAME <u>Margaret Kronewitter</u> | | 14. NAME OF HUSBAND OR WIFE <u>Susana M. River</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>489 30 8154</u> | 17. INFORMANT Address <u>Mrs. Arthur Steinbaugh, Rt. #1, Billings, Mo.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> | | | <u>instant</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary artery disease</u> | | <u>years</u> |
| | DUE TO (c) <u>Atherosclerosis</u> | | <u>years</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>1957</u> to <u>1/30/60</u> and last saw her alive on <u>1/30/60</u> Death occurred at <u>3:15 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE (Degree or title) <u>A. P. Crane M.D.</u> | | 22b. ADDRESS <u>Crane, Missouri</u> | 22c. DATE SIGNED <u>2/15/60</u> |
| 23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u> | 23b. DATE <u>2/2/1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Billings, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>J. Dean Harris,</u> | | ADDRESS <u>Clever, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>Feb. 18/1960</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>Oliver Butler</u> | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS FEB 24 1960

STATEMENT BY LICENSED EMBALMER

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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 J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleaver, 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.