

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013804

FILED VS APR 12 1960 323

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 15

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs		Length of stay in 1b 46 years		c. CITY OR TOWN Sweet Springs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 111 West Marshall St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 111 West Marshall		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First KARL Middle JOSEPH Last STEINMETZ				4. DATE OF DEATH Month April Day 9 Year 1960									
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 8-2-1877		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) Marshall, Mo.			12. CITIZEN OF WHAT COUNTRY US				
13a. FATHER'S NAME Godfried Steinmetz			13b. MOTHER'S MAIDEN NAME Philomena Kramer			14. NAME OF HUSBAND OR WIFE Alice Elizabeth Weber							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 495-01-9430		17. INFORMANT Address Mrs. Alice Steinmetz, Sweet Springs								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema DUE TO (b) Congestive Heart Failure DUE TO (c) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 1 hour 6 years 10 years					
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					
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 Feb 1956 to April '60 and last saw ^{her} him alive on 4-9-60 Death occurred at 1:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Paul A. Parker, M.D.						22b. ADDRESS Sweet Springs, Mo.				22c. DATE SIGNED 4-9-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 11, 1960		23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery			23d. LOCATION (City, town, or county) Sweet Springs, Mo.			(State)			
24. FUNERAL DIRECTOR L. F. Parker, Sweet Springs, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. April 9, 1960		26. REGISTRAR'S SIGNATURE Mary Mosley					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

