

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-909005

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 12

STATE FILE NUMBER 8295

AMENDED

FILED APR 10 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		c. CITY OR TOWN Owensville	
Length of stay in 1b 5 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 E. Franklin		d. STREET ADDRESS (if outside, give location) 306 E. Franklin	
3. NAME OF DECEASED (Type or print) First Amanda Middle Katherine Last Steinbeck		4. DATE OF DEATH April 3, 1961	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-28-88
9. AGE (last birthday) 72		IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Bay, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME August Kuhlmann	
13b. MOTHER'S MAIDEN NAME Lydia Hobein		14. NAME OF HUSBAND OR WIFE Albert Steinbeck	
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. none	
17. INFORMANT Edwin Kuhlmann		Address Bay, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular-renal Syndrome			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis			1 1/2 yrs
DUE TO (c) Hypertension			1 1/2 yrs
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 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 <u>12-7-59</u> to <u>4-3-61</u> and last saw her alive on <u>4-2-61</u> Death occurred at <u>10:40 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Pamela Brunner, M.D. (Degree or title)		22b. ADDRESS Owensville, Mo.	22c. DATE SIGNED 4-4-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-5-1961	23c. NAME OF CEMETERY OR CREMATORY E & R Cemetery	23d. LOCATION (City, town, or county) (State) Swiss, Mo.
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home ADDRESS Owensville, Mo.		25. DATE RECD. BY LOCAL REG. April 5, 1961	26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer

MAR 23 1962

JUN 3 1962

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 JERRY A. THOMPSON, Student Embalmer No. 624 working under my personal supervision.

Student Jerry A. Thompson
Signature of Student Embalmer

Signed Myford H. H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.