

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20706

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY OR TOWN De Soto		c. CITY OR TOWN De Soto	
c. LENGTH OF STAY (in this place) 13 years		d. STREET ADDRESS 1517 North 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1517 North 3rd St.		d. STREET ADDRESS 1517 North 3rd St.	

3. NAME OF DECEASED: (Type or Print) Lizzie Steingurby			4. DATE OF DEATH June 28, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug 27, 1875		9. AGE (In years, last birthday) 74		10. USUAL OCCUPATION Housewife	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jacob Bucher		13b. MOTHER'S MAIDEN NAME Amanda Develing	
14. NAME OF HUSBAND OR WIFE Alfred Steingurby		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Alfred Steingurby		17. ADDRESS De Soto, Mo.		18. NO. 331A	

18. NO. OF DEATH Enter only one cause per line for (a), (b), and (c)		19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

18. NO. OF DEATH Enter only one cause per line for (a), (b), and (c)		19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 26, 1950, to June 27, 1950, that I last saw the deceased alive on June 27, 1950; and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Delgado, D.O.		23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED 6/30/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30, 1950		24c. NAME OF CEMETERY OR CREMATORY Luckey Cemetery	
24d. LOCATION (City, town, or county) De Soto		24e. (State) Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Marie Harris	
24f. ADDRESS 144		25. ADDRESS De Soto Mo.		DATE REC'D BY LOCAL REG. 7-3-50	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0502

0502

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 7-7-50

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 _____

Percy F. Milsten

Student Embalmer No. *346*

working under my personal supervision.

Student *Percy F. Milsten*
Student Embalmer

Signed *Samuel B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Wedge to 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 this body is not embalmed, fact should be so stated above.