

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 22 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5173 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wainwright</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wainwright (Summit)</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>In Town 0140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Town</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>W.</u>	c. (Last) <u>STEINMETZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1950</u>
--	--------------------------	-----------------------	----------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18 - 1871</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months Days Hours Mins. <u>0 28</u>	11. UNDER 1 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>Farming</u>	11. BIRTH PLACE (State or foreign country) <u>O. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>George Steinmetz</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Schanuth Finna Steinmetz</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ed. Rotherford</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed. Rotherford</u>	ADDRESS <u>Wainwright Mo</u>
---	--	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>2-3 years</u>
	DUE TO (c) <u>hypertension</u>		<u>"</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION <u>Aug 16 1950</u>	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 (Month) (Day) (Year) (Hour) OF INJURY	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 April 1, 1945, to Aug 16, 1950, that I last saw the deceased alive on July 18, 1950, and that death occurred at 12 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. Kanagawa</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1501 Ballinger Bldg.</u>	23c. DATE SIGNED <u>8/18/50</u>
--------------------------------------	--------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 19 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wainwright</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Aug 16 50</u>	REGISTRAR'S SIGNATURE <u>LeRoy Clayton</u>	39	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Lewis</u>	ADDRESS <u>- 700 S. Jefferson</u>
--	---	----	--	--------------------------------------

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

AUG 23 1950

AUG 25 1950

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 \_\_\_\_\_

working under my personal supervision.

Signed *Randolph J. Travers*  
Student Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. 4623  
P. O. Address *Jemo*

Signed.....  
Student Embalmer

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.

In the case of George W.

26213-50

Terminity, deceased, the death

certificate should read thus,

date of birth July 18, 1871

instead of July 18, 1870.

This was an error by me  
in determining the age.

John H. Coulson

Subscribed and sworn to before me this 24th day of August, 1950.

My Commission Expires October 14, 1952.

Ruby Adlock  
Notary Public, Cole County, Missouri