

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30052

870

BIRTH NO. 60371-50 REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 2000 Registrar's No. 870

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slagle (Rural) (Mooney township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS <u>Bolivar Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Connie</u> b. (Middle) <u>Sue</u> c. (Last) <u>Steinshouer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>Aug 3 1950</u>
9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 HR. Hours <u>2</u>	IF UNDER 15 MIN. Mins. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>Mo. Slagle Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Walter Steinshouer</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Bushy</u>	13c. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eileen Steinshouer</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malformation of palate & pharynx</u>		<u>7wk</u>	
DUE TO (c) <u>malnutrition, anemia</u>		<u>1593</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7wk</u>	
19a. DATE OF OPERATION <u>10-3-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Collapsed trachea (Tracheostomy)</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 <u>10-1-1950</u> , to <u>10-3-1950</u> , that I last saw the deceased alive on <u>10-3-1950</u> , and that death occurred at <u>11 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Handley M.D.</u>		23b. ADDRESS <u>Springfield Mo.</u>	23c. DATE SIGNED <u>10-4-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct. 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slagle Cemetery South of Bolivar, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-4-50</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emery & Blue Bolivar</u>	

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

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175

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Lewis G. Scharpf

Licensed Embalmer No. 38 0 20

P. O. Address Springfield

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.