

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1511  
444

FILED FEB 9 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			c. LENGTH OF STAY (In this place) 2 yrs			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor 5331 Highland				d. STREET ADDRESS (If rural, give location) 5331 Highland				
3. NAME OF DECEASED (Type or Print) PETER			a. (First)		b. (Middle)		c. (Last) STEINBACKER	
4. DATE OF DEATH		(Month) (Day) (Year)		Jan. 25, 1952				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 15, 1873		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Williamsport, Tenn.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Joseph Steinbacker		13b. MOTHER'S MAIDEN NAME Mary Luntz		14. NAME OF HUSBAND OR WIFE Margaret Daly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 524-22-6069A		17. INFORMANT'S SIGNATURE OR NAME Sister Emilie, 5331 Highland Ave., KC Mo.				
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.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Broncho Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 4 days		
ANTECEDENT CAUSES		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (c) Coronary Arterio-sclerosis				491X		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				20 yrs		
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) (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 2/19, 1950, to 1/25, 1952, that I last saw the deceased alive on 1/24, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Joseph A. Bogarty (Deceased's title)				23b. ADDRESS 402 Withman Pk.		23c. DATE SIGNED 1/26/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/25/52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Garnett, Kansas		
DATE RECD BY LOCAL REG. 1-28-52		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Missouri				

(Licensed Embalmer's Statement on Reverse Side)

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

EX-105  
A 7 1952

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**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 *S. J. Allen* \_\_\_\_\_

Licensed Embalmer No. *1415* \_\_\_\_\_

P. O. Address *B. O. 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.