

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18173**

BIRTH NO. _____		REG. DIST. NO. <b>47</b>		PRIMARY REG. DIST. NO. <b>3008</b>		Registrar's No. <b>172</b>	
1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (If deceased lived in institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>		c. LENGTH OF STAY (If in this place) <b>14 Days</b>		c. CITY OR TOWN <b>Carrollton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No 1</b>				e. STREET ADDRESS (If rural, give location) <b>Rt 171</b>			
3. NAME OF DECEASED (First) <b>JOHN</b>		b. (Middle) <b>P</b>		c. (Last) <b>STEINLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-27-54</b>	
5. SEX <b>M</b>		6. COLOR OF RACE <b>N</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>Aug. 23 - 1880</b>	
9. AGE (In years last birthday) <b>73</b>		10. MONTHS <b>9</b>		11. DAYS <b>30</b>		IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>farmer &amp; steel worker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Miami Station Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Bernard Steimb</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Keffler</b>		14. NAME OF HUSBAND OR WIFE <b>Dr.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Dr</b>		16. SOCIAL SECURITY NO. <b>Dr</b>		17. INFORMANT'S SIGNATURE OR NAME <b>State Hosp + 1 Records Fulton Mo</b> ADDRESS			
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) <b>Coronary heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chron. nephritis</b> DUE TO (c) <b>Specific Chron. infection</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Influenza</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>6-19</b> , 19 <b>54</b> to <b>6-27</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>6-26</b> , 19 <b>54</b> , and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. A. Janacki (M.D.)</b>				23b. ADDRESS <b>State Hosp No 1</b>		23c. DATE SIGNED <b>6-27-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 12/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cm.</b>		24d. LOCATION (City, town, or county) (State) <b>Carrollton Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 3-1954</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>		FUNDAL DIRECTOR'S SIGNATURE <b>Mary Ann Funeral Home</b>		ADDRESS <b>Fulton Mo</b>	

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

JUL 14

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.....  
Signature of Student Embalmer

Signed..... *Nancy A Stewart* .....

Licensed Embalmer No. *3722*

P. O. Address *Fulton* .....

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.