

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20112**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6072** Registrar's No. **191**

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doe Run		c. CITY OR TOWN Doe Run	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0970	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) c. (Last) Steiner			4. DATE OF DEATH (Month) (Day) (Year) July 5 1954		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec 27, 1885		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR MONTHS 6		IF UNDER 24 HRS. DAYS 8		IF UNDER 1 MIN. HOURS 		IF UNDER 1 MIN. MIN. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pilot Knob, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME John Steiner			13b. MOTHER'S MAIDEN NAME Elizabeth Koehlar			14. NAME OF HUSBAND OR WIFE NEVER MARRIED		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Alma Steiner		ADDRESS Doe Run, Missouri	
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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) Cerebral hemorrhage (Frank) Hypertension - ven. systolic pressure Hypertension - arteriolar oxygen DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from **April 1952**, to **July 5, 1954**, that I last saw the deceased alive on **July 4, 1954**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. M. Stanghell		(Degree or title)		23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 7/6/54	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 7/8/54		24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		24d. LOCATION (City, town, or county) (State) Doe Run Missouri	
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DATE REC'D BY LOCAL REG. JULY 6, 1954		REGISTRAR'S SIGNATURE Catherine Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home		ADDRESS Farmington, Mo.	
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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 _____
Signature of Student Embalmer

Signed *Bulk Dugal*

Licensed Embalmer No. *4120*

P. O. Address *Ferrington*

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.