

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**26365**

State File No. ....

No. 300  
10-48

**FILED AUG 23 1954**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>901</b>
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission).		
a. COUNTY <b>Buchanan</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) <b>Life</b>		f. STREET ADDRESS (If rural, give location) <b>906 No. 5th St.</b> <b>01170</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>723 So. 11th St.</b>		g. STREET ADDRESS (If rural, give location) <b>906 No. 5th St.</b> <b>01170</b>		
<b>3. NAME OF DECEASED</b> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>GEORGE</b>		b. (Middle) <b>WILLIAM</b>		c. (Last) <b>STELTENPOHL</b>
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
8. DATE OF BIRTH <b>6-16-1888</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Seymour, Nebraska</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>		
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Steltenpohl</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>483-05-3539</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Barney Sollars</b> ADDRESS <b>204 So. 11th</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <b>St. Joseph, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Congestive Failure</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Coronary infarction</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <b>Coronary infarction</b>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Coronary infarction</b>		
DUE TO (c)				
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) 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>6/12</b> , 19 <b>54</b> , to <b>8/10/</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>8/4</b> , 19 <b>54</b> , and that death occurred at <b>6:30P</b> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Amelia M. Tootle</b>		23b. ADDRESS <b>Tootle Bldg. City</b>		23c. DATE SIGNED <b>8/16/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-16-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John E. Rupp</b> ADDRESS <b>Joseph, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Aug 19, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b> <b>485</b>		(Licensed Embalmer's Statement on Reverse Side)

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

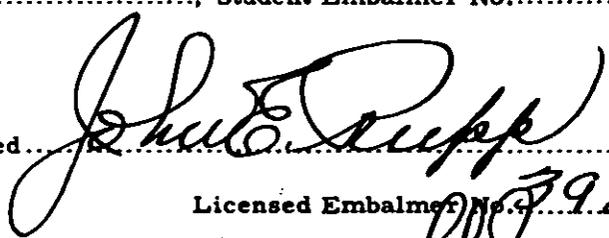
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, ~~only~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 398

P. O. Address R. Joseph

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.