

FILED OCT 24 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 2056 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY	c. LENGTH OF STAY (In this place) 1-DAY	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BOWLING GREEN TWP. 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAND HOSPITAL		d. STREET ADDRESS (If rural, give location) 3-MILES S.W. OF DALTON	

3. NAME OF DECEASED (Type or Print) a. (First) ERNESTINE b. (Middle) STEIMAN c. (Last) STEIMAN			4. DATE OF DEATH (Month) (Day) (Year) OCT. 11th, 1955		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5th, 1864		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (State or foreign country) Dalton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Charles Brandt		13b. MOTHER'S MAIDEN NAME Mary Feaker		14. NAME OF HUSBAND OR WIFE Charles Steiman	
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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 ADDRESS Charles Steiman Dalton, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH ???	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease					
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
		DUE TO (b) _____					
		DUE TO (c) _____				4200	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Oct 11, 19 55 to Oct 11, 19 55 that I last saw the deceased alive on Oct 11, 19 55 and that death occurred at 10:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE <i>John H. Fleming</i> John S. Fleming MD		(Degree or title)		23b. ADDRESS Moberly, Missouri		23c. DATE SIGNED Oct 11	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 14th 1955		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Dalton, Mo.	
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DATE REC'D BY LOCAL REG. 10-14-55		REGISTRAR'S SIGNATURE <i>Leah Loue</i> 267		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wade & Gaussett</i>		ADDRESS Keytesville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, or by _____

~~Student Embalmer No.~~

working under my personal supervision.

Student
Student Embalmer

Signed

H. R. Garrett

Licensed Embalmer No. *3046*

P. O. Address *Keytesville, 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.