

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043334

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1345

300
-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in life	d. STREET ADDRESS 823 S. 14th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) DANIEL BARTLETT STEIN			4. DATE OF DEATH Month Day Year Dec. 11, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 26, 1901	9. AGE (In years last birthday) 57	FUNDER 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) Bus driver		10b. KIND OF BUSINESS OR INDUSTRY Bus Lane		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Charles C. Stein		13b. MOTHER'S MAIDEN NAME Mae V. Bartlett	
14. NAME OF HUSBAND OR WIFE Lorene		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war dates of service) no		16. SOCIAL SECURITY NO. 491-01-1901	
17. INFORMANT Mrs. Lorene Stein, 823 S. 14th,		Address St. Joseph, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Duodenal Ulcer DUE TO (c)	
INTERVAL BETWEEN ONSET AND DEATH 1 day 4 mon.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5410		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Joseph, Mo.		COUNTY STATE	
21. I attended the deceased from Aug. 27, 1958 to Dec. 11, 1958 and last saw her alive on Dec. 11, 1958 Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Winston L. Sou MA		22b. ADDRESS St. Joseph, Mo. Kirkpatrick Bldg.	
22c. DATE SIGNED Dec. 13/58		23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/15/1958	
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) St. Joseph Missouri		(State)	
24. FUNERAL DIRECTOR Nector Bowman		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 19, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Clark Standell					

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Dr. G.A. Lay

All diseases in Part I must be causally related.

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 *William Spelling*

Licensed Embalmer No... *4535*

P. O. Address... *St Joseph 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.