THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006103

STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Mo — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hosp — Length of stay in 1b 2 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jasper
c. CITY OR TOWN Sarcoxie c 490 c — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS Mo (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First Middle Last: Charlotte Irene Steinebach

4. DATE OF DEATH Month Day Year: 2 . 26 . 59

5. SEX: fe

6. COLOR OR RACE: wh

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5-3-1938

9. AGE (In years last birthday): 20 — 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): at Home

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (City and state or country): Leavenworth Kans

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lester Steinebach

14. MOTHER'S MAIDEN NAME: Lydia M. Hittle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Lydia M Weigel

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Exsanguination
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Duplicated Esophageal Varix and Hemorrhage
DUE TO (c) Portal Cirrhosis of Unknown Cause

INTERVAL BETWEEN ONSET AND DEATH: 1 hr. 40 min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 5810

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-17-59, to 2-26-59 and last saw her/him alive on 2-25-59
Death occurred at 3 40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Nordstrom 2 DO

22b. ADDRESS: Sarcoxie Mo

22c. DATE SIGNED: 2-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-1-59

23c. NAME OF CEMETERY OR CREMATORY: Sarcoxie Cem

23d. LOCATION (City, town, or county) (State): Sarcoxie Mo

24. FUNERAL DIRECTOR: Jackson & Sons — ADDRESS: Sarcoxie Mo

25. DATE RECD. BY LOCAL REG.: 3-5-1959

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

...lth, ...elfare ...blic ...rvice

...00 ...-56

...diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Wm K Jackson

Licensed Embalmer No. 39

P. O. Address Sarasota

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.