

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008674

STATE FILE NUMBER

FILED APR 10 1959

Registration District No. 58 Primary Registration District No. 4087 Registrar's No. 7

300
1-57

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CARTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VAN BUREN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN VAN BUREN c186 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE		Length of stay in lb 30 years	d. STREET ADDRESS (If outside, give location) VAN BUREN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Joseph Middle WASHINGTON Last STEININGER			4. DATE OF DEATH Month April Day 1 Year 1959			
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 11-11-1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 9 Days 20	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOWER MAN		10b. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT	11. BIRTHPLACE (City and state or country) BRANDSVILLE, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph STEININGER		13b. MOTHER'S MAIDEN NAME Elizabeth HILL		14. NAME OF HUSBAND OR WIFE Vina STEININGER

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. 486-18-9491	17. INFORMANT Vina STEININGER	Address VAN BUREN MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Colon			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 			

20d. INJURY OCCURRED WHILE AT <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 VAN BUREN	COUNTY CARTER	STATE MISSOURI
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21. I attended the deceased from **10-27-58** to **4-1-59** and last saw ^{him} alive on **3-31-59**
Death occurred at **1:00A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank J. Reinschi, D.O. 2	22b. ADDRESS Van Buren, Mo.	22c. DATE SIGNED 4-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-3-59	23c. NAME OF CEMETERY OR CREMATORY VAN BUREN CEMETARY	23d. LOCATION (City, town, or county) (State) VAN BUREN MO
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24. FUNERAL DIRECTOR McSpadden	ADDRESS Van Buren, Mo	25. DATE RECD. BY LOCAL REG. April 7-1959	26. REGISTRAR'S SIGNATURE Mrs Octa. Henson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Allen C. McFadden*
Licensed Embalmer No. *4543*
P. O. Address *Wm. Buren*

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.