Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021082
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Trenton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location): 4 Neal Nursing Home — Length of stay in 1b: 4 11 Steam St
d. STREET ADDRESS (If outside, give location): 0251 — Reside on Farm: Yes [ ] No [X]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Clinton.
c. CITY OR TOWN: Cameron — Inside Limits: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Mary — Middle Elizabeth — Last Steeby
4. DATE OF DEATH: Month May Day 19 Year 1959.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Aug.8, 1871
9. AGE (In years last birthday): 87. — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George W. Steeby, Address: Cameron, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Terminal Pneumonia — About 48 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fracture of Right Femur.. Bed Ridden
DUE TO (c): About Two Years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 962X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fall on Floor 45
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing Home
20f. CITY, TOWN, OR LOCATION: Trenton. — COUNTY: Grundy. — STATE: Mo.

21. I attended the deceased from Sept. 18. 1957, to May,19,1959 and last saw her/him alive on May,19,1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B Haullers M.D.
22b. ADDRESS: Trenton, Mo
22c. DATE SIGNED: May,20.59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May,22,59
23c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery.
23d. LOCATION (City, town, or county) (State): Savannah, Mo.

24. FUNERAL DIRECTOR: DeMoss Crunk — ADDRESS: Cameron, Mo.
25. DATE RECD. BY LOCAL REG.: 6/25/59
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Lee Moss Brents

Licensed Embalmer No. 2533.

P. O. Address Cameron, 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.