

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029921

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 5037

Registrar's No. 182

FILED AUG 29 1962

VS 300
Rev. 4/59

1 0040
2 0370

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4 1
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12 86-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SALT RIVER TWP</u>		Length of stay in 1b <u>10 months</u>	c. CITY OR TOWN <u>RURAL</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COLDWELL NURSING HOME</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8 mi. S. of HERMANN</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle <u>STEINMETZ</u> Last <u>STEINMETZ</u>			4. DATE OF DEATH Month <u>AUG</u> Day <u>22</u> Year <u>1962</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAU.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/16/1897</u>
9a. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEHOLD</u>	11. BIRTHPLACE (City and state or country) <u>RTA HERMANN MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>AUGUST SCHEIDEGGER</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY EBY</u>		14. NAME OF HUSBAND OR WIFE <u>HERMAN STEINMETZ</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>WALTER GLATZ HERMANN MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____	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	COUNTY	STATE
21. I attended the deceased from <u>June 1962</u> to <u>Aug 62</u> and last saw her <u>alive</u> on <u>July 62</u> . Death occurred at <u>8/22/62 - 4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. A. Garreep D.O.</u> (Degree or title)		22b. ADDRESS <u>Mexico Mo</u>	22c. DATE SIGNED <u>8/24/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>8/22/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>HERMANN RFA. MO</u>
24. FUNERAL DIRECTOR <u>HERMAN BLUMER INC. HERMANN MO</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>August 22-1962</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

USE BLACK INK OR H. A. G. TYPEWRITER RIBBON

Permit obtained
Aug 22, 1962
B. H.

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 _____

Hugo T. Bremer
Licensed Embalmer No. 3160

P. O. Address Herrmann Meo

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.