

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

42296  
Do not use this space.

REC'D JAN 11 1938

**1. PLACE OF DEATH**

(a) County Boone Registration District No. 73  
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 287  
 (c) City Columbia (d) Street No. Boone County Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** CECIL STEELE

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-3-1903  
 7. AGE YEARS 35 MONTHS 7 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House boy  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) December 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Rockport (STATE OR COUNTRY) Missouri

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Virgin Steele

16. BIRTHPLACE (CITY OR TOWN) Rockport (STATE OR COUNTRY) Missouri

17. INFORMANT Virgin Steele (ADDRESS) St. Louis Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary cemetery DATE 12-6-38

19. FUNERAL DIRECTOR, Frank E. DeFener (ADDRESS) Columbia Missouri

20. FILED 12/6/38 Allie Selby Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-38

22. I HEREBY CERTIFY, That I attended deceased from 12-1-38, to 12-2-38, 1938  
 I last saw him alive on 12-2-38. Death is said to have occurred on the date stated above, at 8:15 A.M.  
 The principal cause of death and related causes of importance were as follows:

Diabetic Coma

59

Other contributory causes of importance: Diabetes mellitus

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Urine Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Frank E. DeFener, M. D.  
 701. (Address) Columbia Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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50M-7-20-37 I X15004

STATEMENT BY LICENSED EMBALMER

I, Stuart G. Parker, Licensed Embalmer No. 2900

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Stuart G. Parker

Licensed Embalmer No. 2900

**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.)**