FILED MAY 15 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14968

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 727 Normal St. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 54 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Trenton (If outside city or town limits write "RURAL")

(d) Street No. 727 Normal St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wilbur Waldow Steele 340

3. (b) If veteran, name war —

3. (c) Social Security No. 495-01-5052

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dessa Steele

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 12 (Day) 1885 (Year)

8. AGE: Years 54 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Trenton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Engineer, Mo Public Service

11. Industry or business Public Service Corp

FATHER
12. Name Lee Steele
13. Birthplace Quincy (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Lucy Thomas
15. Birthplace Alpha (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Wilbur W Steele

(b) Address 727 Normal St, Trenton, Mo.

17. (a) Maple Grove Trenton, Mo. (Burial, cremation, or removal) (b) Date thereof March 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove, Trenton, Mo

18. (a) Signature of funeral director Raymond A Davis

(b) Address Trenton, Mo

19. (a) 3-22-40 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1940 hour minute M.

21. I hereby certify that I attended the deceased from March 17th, 1940, to March 21st, 1940; that I last saw him alive on March 20th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis — Duration ??

Due to

Due to 0 94 Pa

Other conditions (Include pregnancy within 3 months of death)

Major findings: 0 Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360 (Specify type of place)

While at work? (e) Means of injury

23. Signature Oliver F. Duff (M. D. or other) M.D.

Address Trenton, Mo Date signed March 21st 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 540-929
Date Filed MAY 9 1940

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 Robert B Davis, Registered Apprentice No. 212 working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Huntington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.