

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28421**

RECORDED SEP 15 1941  
INDEXED SEP 15 1941

FILED SEP 15 1941

Primary Registration District No. **3018**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County **HENRY**  
 (b) City or town **CLINTON**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **CLINTON GENERAL HOSP**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 days**  
 (Specify whether  
 In this community **all of life**  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO.** (b) County **HENRY**  
 (c) City or town **MONTRORSE MO. RURAL**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **WILLIAM J. STEELE**  
 3. (b) If veteran, name war **NONE**  
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Aug** day **11**  
 year **1941** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex **MALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced, **WIDOWED**  
 6. (b) Name of husband or wife **MARY S. STEELE**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **DEC 29 1866**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1941** to **Aug 11 1941**  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **7** Days **12** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Middle meningeal hemorrhage** Duration **5 days**

9. Birthplace **HENRY CO.** (City, town, or county) (State or foreign country) **0**

Due to **Full born strain & Schemlized arterio sclerosis** **5 days**  
 Due to \_\_\_\_\_ **unknown**

10. Usual occupation **RAILROAD**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name **ALBERT H STEELE**  
 13. Birthplace **unknown**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **ELIZABETH WOODSON**  
 15. Birthplace **unknown**  
 (City, town, or county) (State or foreign country)

Major findings: Of operations **no** **1/10**  
 Of autopsy **no** **1/1**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's signature **Mrs G. E. Angle**  
 (b) Address **Chillicothe, Mo. R.H. 4**  
 17. (a) **BURIAL** (b) Date thereof **Aug 12-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Staves Chapel**  
 18. (a) Signature of funeral director **H. H. Vandant**  
 (b) Address **Chillicothe, Mo.**  
 19. (a) **8-28-41** (b) **W. J. R. Hampton**  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Accident**  
 (b) Date of occurrence **Aug 6, 1941 U.S.**  
 (c) Where did injury occur? **at home** **Henry Mo**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**in home** (Specify type of place) **Fall from stairs**  
 While at work? **no** (e) Means of injury  
 23. Signature **E. B. Hughes** (M. D. or other) **M. D.**  
 Address **Clinton, Mo.** Date signed **8/12/41**

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1666

Date Filed 9-11-41

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*H. D. Casant*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, above space should be left blank.

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton Gen Hosp -  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community all of life 4 days  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME William J. Steele  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 29 1865  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ (If less than one day) hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

(9. (a) \_\_\_\_\_ (b) Dr. J. P. Hampton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry  
(c) City or town Montrose Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Seven miles north one East  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day \_\_\_\_\_ year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT  
NO. 1000

BY  
J. H. GOLDSTEIN

AND  
M. L. HUGGINS

DEPARTMENT OF CHEMISTRY  
UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS  
1955

RECEIVED  
MAY 10 1955

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