

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42876
Registrar's No. 148

Registration District No. 148
1166 JAN 10 1943

Primary Registration District No. 4302

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

1. PLACE OF DEATH:

(a) County Fringston

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

In this community 1 1/2 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Fringston

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES STULLEY STEEL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Rosetta Steel

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

7. Birth date of deceased mas. 17 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>9</u>	<u>11</u>	hr. _____ min.

9. Birthplace Beverly, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Printing

MOTHER FATHER

12. Name Fletcher Steel

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name not known

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

16. (a) Informant C. Steel

(b) Address 5741 W. Main Ottumwa Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation Plainville, Mo.

18. (a) Signature of funeral director E. J. Rabertson

(b) Address Lardo, Mo.

19. (a) Dec 26 (Date received local registrar) (b) H. O. K. Ha. Cossy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1943 hour 11-45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 21st, 1943, to Dec. 21st, 1943; that I last saw him alive on Dec. 21st, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 5 days

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN [Signature]

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. Lee Shelton (M. D. or other) DO

Address Lardo, Mo. Date signed 12-22-43

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.....

John M. Robertson, Registered Apprentice No. *355*
working under my personal supervision.

Signed *E. J. Robertson*

Licensed Embalmer No. *2468*

P. O. Address *Farede, me.*

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, fact should be so stated above.