U. S. No. 2
DM—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

Dr. Ferguson

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19786

Registration District No. 13 | Primary Registration District No. 3003 | Registrar's No. 55

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Monett (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: St Vincent Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one day (Specify whether years, months or days) In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence
(c) City or town: Monett (If outside city or town limits, write "RURAL")
(d) Street No. 1204 - Fourth (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME: Richard Donald Steele
3. (b) If veteran, name war: None
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: None years
7. Birth date of deceased: June (Month) 22 (Day) 1945 (Year)
8. AGE: Years ✓ Months ✓ Days ✓ If less than one day: 4½ hr. ✓ min.
9. Birthplace: Monett-Barry Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: none
11. Industry or business: none
FATHER 12. Name: Asa G. Steele
FATHER 13. Birthplace: Mountain Grove (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Birnie Doty
MOTHER 15. Birthplace: Near Shawnee (City, town, or county) Oklahoma (State or foreign country)
16. (a) Informant: Asa G. Steele
(b) Address: 1204 Fourth St., Monett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 23-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: IOOF Cem Monett Mo
18. (c) Signature of funeral director: Callaway
(b) Address: Monett Mo
19. (a) June 23-1945 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1945 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from June 23 - 1945 to June 23 - 1945 that I last saw he alive on June 23 - 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Birth Twin Gestation	
Due to: Dent Pneumonia	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature: L. Ferguson M. D. or other
Address: Monett Mo Date signed 6-23-45

13 (2)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 745-772
Date Filed JUL 11 1945

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 J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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, fact should be so stated above.