

STANDARD CERTIFICATE OF DEATH

State File No. 4687

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether years, months or days) In this community 11 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
(c) City or town Oregon-Rural  
(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 Joseph Franklin Steeby

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years 9 1918

7. Birth date of deceased. June (Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William Lewis Steeby

13. Birthplace Andrew Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Fannie Dick

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

16. (a) Informant William Steeby (b) Address Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1 1946 (Month) (Day) (Year) (c) Place: burial or cremation Baptist Cemetery

18. (a) Signature of funeral director James H. Pettigrew (b) Address Oregon, Mo.

19. (a) Feb. 28, 1946 (Data received local registrar) (b) J. H. Kullback (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1946 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Feb 16, 1946 to Feb 26, 1946; that I last saw him alive on Feb 26, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Pyo pneumoniae thorax left

Due to... Due to...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Pyo thorax - bacillus Of autopsy: left

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: J. P. Herrera (M. D. or other) Address: St. Joseph, Mo. Date signed Feb 26, 1946

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3711

**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..... *James H. Pettigrove*.....  
Licensed Embalmer No. *3192*.....  
P. O. Address *Oregon 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.**