

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15962

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(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 60 years (Specify whether
In this community 60 years years, months or days)

3. (a) PRINT FULL NAME John Paris Steele

3. (b) If veteran,

3. (c) Social Security No.

name war.

4. Sex Male 0 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary A. Glasco 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased May 5 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 28 hr. min.

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

10. Usual occupation retired

11. Industry or business

12. Name John Steele
13. Birthplace Unk. Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Eileen Compton
15. Birthplace Unk. Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paris Steele
(b) Address Albany, Missouri

17. (a) Burial (b) Date thereof 5/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Walter B. Bink
(b) Address Albany, Missouri

19. Date received local registrar May 8 - 1948 (Registrar's signature) Homer H. Noble

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? noo (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1948 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1948
to May 3, 1948
that I last saw him alive on May 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage.
Due to High Blood pressure.

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Dr. S. H. Harding (M.D. or other) Dr.
Address Dr. S. H. Harding Date signed May 4, 1948

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed *C.uffed E. Burke*
Licensed Embalmer No. 3329
P. O. Address Albany, Missouri

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.