

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40478

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5372 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>3 Miles South of Lee's Summit Mo. (rural) (Prairie)</u>	
c. LENGTH OF STAY (In this place) <u>60 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles So. Lee's Summit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3 Miles South of Lee's Summit Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ISSAC</u>	b. (Middle) <u>WALTER</u>	c. (Last) <u>STEELE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-1948</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/19/1854</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>94 10 6</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hardin Steele</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Lancaster</u>	14. NAME OF HUSBAND OR WIFE <u>Mary L. Steele</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emily Jones Lee's Summit Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. <u>4925</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 2, 1945, to Dec. 25, 1948; that I last saw the deceased alive on Dec. 25, 1948, and that death occurred at 11:05 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Miller M.D.</u>	23b. ADDRESS <u>Lee's Summit Mo.</u>	23c. DATE SIGNED <u>12/27/48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/27/1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-27-48</u>	REGISTRAR'S SIGNATURE <u>Donald C. Emswamy 378</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. J. Langford Lee's Summit Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR MILLER

48
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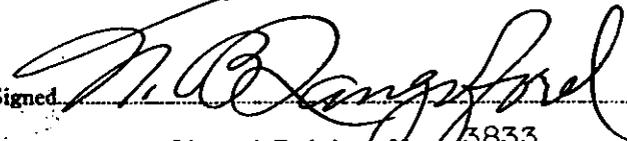
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. 3833

Signed _____
Student Embalmer

P. O. Address Lee's Summit 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.