

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 335BIRTH NO. 49-000460 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2413 Charles St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTY</u>		b. (Middle) <u>JO</u>	
c. (Last) <u>STEELE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23, 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Jan 22, 1949</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min. <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred C. Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy M. Wincher</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred C. Steele, 2413 Charles St.</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Congenital heart disease</u>  ANTECEDENT CAUSES DUE TO (b) <u>Patent interventricular septum</u> DUE TO (c) <u>Maternal cause: Transverse presentation with prolapsed arm and shoulder and Bandl's</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Contraction Ring</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 22, 1949</u> to <u>Jan 23, 1949</u> that I last saw the deceased alive on <u>Jan 23, 1949</u> , and that death occurred at <u>5:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. J. Thompson M.D.</u>		23b. ADDRESS <u>902 Edmond St., St. Joseph</u>	
23c. DATE SIGNED <u>1/27/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-24-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 25, 1949</u>		REGISTRAR'S SIGNATURE <u>B. B. Jenkins 382</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sidisfaden</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Student .....  
Student Embalmer

Signed Edmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.