

FILED MAR 1 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

5726

State File No. ....

8064

BIRTH NO. 1648-86087 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1, Smithton, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>RUSSELL</u> c. (Last) <u>STEELE</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>19</u> (Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 4, 1948</u>
9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR <u>2</u> MONTHS <u>15</u> DAYS <u>15</u> HOURS <u>15</u> MIN.		11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>*****</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Steele, Jr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Irene Dickinson</u>		14. NAME OF HUSBAND OR WIFE <u>*****</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>*****</u>		16. SOCIAL SECURITY NO. <u>*****</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Steele, Jr., Rt. 1, Smithton Mo.</u>		ADDRESS <u>*****</u>	
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* (a) <u>Status Thymicus - Lymphaticus</u> ANTECEDENT CAUSES <u>Persistent Thymus</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>*****</u> DUE TO (c) <u>*****</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Pulmonary Congestion</u>	
19a. DATE OF OPERATION <u>2-19-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>*****</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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>12-4-1948</u> to <u>2-19-1949</u> , that I last saw the deceased alive on <u>2-19-1949</u> , and that death occurred at <u>9:20 a.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank B. Long</u>		23b. ADDRESS <u>Sedalia, Mo.</u>	
23c. DATE SIGNED <u>2-21-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Smithton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Ewing</u>	
DATE REC'D BY LOCAL REG. <u>2/21/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>	
25. ADDRESS <u>Sedalia, Mo.</u>		26. ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-28-49

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

Shane Ewing

Signed.....  
Student Embalmer

Licensed Embalmer No.

3847

P. O. Address

Sedalia 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.