

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7146

BIRTH NO.		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>4507</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Stone</u> <u>107</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crane</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crane</u> <u>0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>W.</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Steele</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> <u>30</u> <u>1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH 9. AGE (In years last birthday) <u>77</u> <u>1</u> <u>0</u> <u>0</u> <u>0</u> If UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Manley Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Estes</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Steele</u>				
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Steele Crane mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>11271</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 years</u> <u>3 or 4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jan. 30</u>				
22. I hereby certify that I attended the deceased from <u>June</u> , 1944, to <u>March</u> , 1949, that I last saw the deceased alive on <u>Jan. 26, 1949</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Fred H. Wammock M.D.</u>				23b. ADDRESS <u>Crane Mo</u>		23c. DATE SIGNED <u>1-30-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 31-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marionville</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 30-49</u>		REGISTRAR'S SIGNATURE <u>Lena Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Manly</u>		ADDRESS <u>Crane Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,
District File Number 349-206
Date Filed 3-3-49

DEC 23 1949

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

William A. Fulk

Student Embalmer No. 29

working under my personal supervision.

Student William A. Fulk

Student Embalmer

Signed Herman Currid

Licensed Embalmer No. 3072

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.