

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 717

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bourbon - MO - 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION N. Side Hosp. Sullivan, Mo.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) King	c. (Last) Steele	4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 14, 1875	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months 2 Days 8	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Canada	12. CITIZEN OF WHAT COUNTRY? Canada
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13a. FATHER'S NAME Thomas Henry Steele	13b. MOTHER'S MAIDEN NAME Mary King	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 499-26-9835	17. INFORMANT'S SIGNATURE OR NAME Earl Baldwin,	ADDRESS Bourbon, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

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 11-26, 1949, to Jan 22, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ch. Praxter M.D.	23b. ADDRESS Sullivan, Mo.	23c. DATE SIGNED 1/23/1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 24, 1950	24c. NAME OF CEMETERY OR CREMATORY Unavailable	24d. LOCATION (City, town, or county) (State) Ontario, Canada.
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DATE REC'D BY LOCAL REG. 1/23/1950	REGISTRAR'S SIGNATURE Ch. Praxter	25. FUNERAL DIRECTOR'S SIGNATURE Albert Long	ADDRESS Bourbon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number

District Health Officer No. 9

JAN 30 1950

RECEIVED

MAR 27 1950

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

working under my personal supervision.

Student Embalmer No.

Signed Student Embalmer

Signed *Herman C. Hoener*
Licensed Embalmer No. 4673

P. O. Address Cuba, 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.