

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17711BIRTH NO. 74513-49 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 183

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>Smithton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>STANLEY</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>STEELE</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>12</u> (Year) <u>1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>*** ** ** ** *</u>	8. DATE OF BIRTH <u>Nov. 23, 1949</u>
9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		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>Baby</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 M. Steele, Jr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Irene Dickinson</u>		14. NAME OF HUSBAND OR WIFE <u>None</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. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John M. Steele, Jr.</u>		ADDRESS <u>Rt. 1, Smithton</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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>primary infection</u> DUE TO (c) <u>pre-mature birth (supp report)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>40% IX-</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)		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>May 11, 1950</u> , to <u>May 12, 1950</u> , that I last saw the deceased alive on <u>May 11, 1950</u> , and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. A. Walker, D.O.</u> (Degree or title)		23b. ADDRESS <u>Sedalia Mo</u>	
23c. DATE SIGNED <u>May 11, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/13/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5/13/50</u>		REGISTRAR'S SIGNATURE <u>R. G. Campbell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Walker</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Undertaker's Statement on Reverse Side)

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

No. 300
D. 48
005

RECEIVED MAY 22
District Health Officer No. 8,
District File Number _____
Date Filed 5/22/50

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 _____

A. E. Baker

Licensed Embalmer No. 2419

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.