

FILED AUG 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26250

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MICHIGAN b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give town) CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) DETROIT	
c. LENGTH OF STAY (in this place) 18 HRS -		8210	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		d. STREET ADDRESS (If rural, give location) 6823 CLAYTON	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle) (N)		c. (Last) STEAKLEY JR.		4. DATE OF DEATH (Month) (Day) (Year) August 10, 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JUNE 26, 1943	
9. AGE (In years last birthday) 7		IF UNDER 1 YEAR Months 1 Days 17		IF UNDER 24 HRS. Hours 17 Min.		9. AGE (In years last birthday) 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DETROIT MICHIGAN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME CLARENCE STEAKLEY		13b. MOTHER'S MAIDEN NAME EMEGEAN HOURT		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Clarence Steakley, Detroit, Mich.		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute anterior		ANTECEDENT CAUSES				3 Days	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Polio myelitis					
		DUE TO (c) Bulbar Type					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				0800	

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)		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 **Aug 7, 1950**, to **Aug 10, 1950**, that I last saw the deceased alive on **Aug 10, 1950** and that death occurred at **3:42 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. Dunne, M.D. (Degree or title)		23b. ADDRESS Chaffee Mo		23c. DATE SIGNED 8/11/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 12, 1950		24c. NAME OF CEMETERY OR CREMATORY CHARLESTON CEM.		24d. LOCATION (City, town, or county) (State) CHARLESTON MISSOURI	
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DATE REC'D BY LOCAL REG. 8-11-1950		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Displinghoff		ADDRESS Funeral Home - Chaffee, Mo.	
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RECEIVED AUG 14 1950
District Health Office No. 6
District File Number _____
Date Filed _____

AUG 29 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address

Chaffee, 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.