

FILED APR 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 159557

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee 1001</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS, (If rural, give location) <u>319 Black</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>SAMUEL</u>	c. (Last) <u>STEAKLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 16 1951</u>
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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 <u>Mar 2, 1883</u>	9. AGE (In years last birthday) <u>68</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>	11. BIRTHPLACE (State or foreign country) <u>Lickma Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Daniel Steakley</u>	13b. MOTHER'S MAIDEN NAME <u>Coltha M. Bride</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Russell Steakley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-18-6618</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Steakley</u> ADDRESS <u>Detroit, Mich</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>sudden death natural causes</u>	DUPLICATE OF (a) <u>Chronic heart disease</u>		<u>3 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE OF (b) <u>possible Coronary hemorrhage</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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 March, 1949, to April 16, 1951, that I last saw the deceased alive on April 12, 1951, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Deming</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Bldg. + Loan Bldg. Chaffee</u>	23c. DATE SIGNED <u>April 19 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eds. Fellows Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 14-51</u>	REGISTRAR'S SIGNATURE <u>Miss Paul Beja...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Hoff</u> ADDRESS <u>Funeral Home Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 20 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 451-94

**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 \_\_\_\_\_

*Raymond B Wilson*

Student Embalmer No. 414

working under my personal supervision.

Student *Raymond B Wilson*  
Student Embalmer

Signed *Oliver O Smith*

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.