No. 300
10.48

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

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23240

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2851

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 9 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3017 BALES AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 37 16
d. STREET ADDRESS (If rural, give location): 3017 BALES AVENUE 0

3. NAME OF DECEASED (Type or Print): a. (First) ELIJAH b. (Middle) GREEN c. (Last) STEELY

4. DATE OF DEATH: (Month) JULY (Day) 5, (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB. 14, 1889

9. AGE (In years last birthday): 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): GROVE, OKLA.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ELIJAH STEELY

13b. MOTHER'S MAIDEN NAME: MARY STARLING

14. NAME OF HUSBAND OR WIFE: CORA STEELY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): #

16. SOCIAL SECURITY NO.: 493-16-5017

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. CORA STEELY, 3017 BALES AVE., K.C., MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial glioblastoma multiforme — INTERVAL BETWEEN ONSET AND DEATH: Symptoms 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1937

19a. DATE OF OPERATION: Feb 19-51

19b. MAJOR FINDINGS OF OPERATION: glioblastoma multiforme

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 12, 1951, *to* July 5, 1951, *that I last saw the deceased alive on* April 7, 1951, *and that death occurred at* 1:35 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward A. Samuelson M.D.

23b. ADDRESS: 2603 E31 K.C. 3, MO.

23c. DATE SIGNED: July 5, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: JULY-5-1951

24c. NAME OF CEMETERY OR CREMATORY: —

24d. LOCATION (City, town, or county) (State): GALENA, CHEROKEE Co., KAN.

DATE REC'D BY LOCAL REG.: 7-5-51

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D.W. Newcomer's Sons, K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

Funeral.

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 Basil Honey

Licensed Embalmer No. 4724

P. O. Address Gashland, 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.