

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26334

State File No. ....

FILED SEP 6 1951

BIRTH NO. ....		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u> Registrar's No. <u>301</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (if outside corporate limits, write RURAL and give OR TOWN <u>Cape Girardeau</u> )		c. LENGTH OF STAY (in this place) <u>2 years</u>	c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Big Prairie Twp</u>		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>603 S. Ellis</u>			d. STREET ADDRESS (If rural, give location) <u>1 mile north of Matthews</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) <u>-----</u> c. (Last) <u>Steel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1951</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Nov. 9, 1880</u>		9. AGE (in years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u>-----</u> Min. <u>-----</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George W. Steel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Moore</u>		14. NAME OF HUSBAND OR WIFE		
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 ADDRESS <u>Mr. Geo Steel, St. Louis, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  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. <u>Rheumatoid Arthritis</u>			INTERVAL BETWEEN ONSET AND DEATH
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)		4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>8-15</u> , 19 <u>51</u> , to <u>8/21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/20</u> , 19 <u>51</u> , and that death occurred at <u>9:20 Pm.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Type or Print) <u>C. L. Sumner</u>			23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>8/23/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Aug. 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Matthews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Matthews, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-26-51</u>		REGISTRAR'S SIGNATURE <u>C. L. Sumner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Taylor, Sikeston, Missouri</u>		

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

RECEIVED

SEP 4 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *John R. Sidman*  
Licensed Embalmer No. 4531  
P. O. Address Dikeston, Md

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.