

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7464

State File No.

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Joseph</p>		c. LENGTH OF STAY (in this place) <p align="center">60 years</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">921 So. 16th St.</p>				d. STREET ADDRESS (If rural, give location) <p align="center">921 So. 16th St.</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <p align="center">William</p>	b. (Middle) <p align="center">Leonard</p>	c. (Last) <p align="center">Steele</p>	March 27, 1952		
5. SEX male <input checked="" type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH <p align="center">January 11, 1876</p>	9. AGE (In years last birthday) <p align="center">76</p>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">ret. machinist</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">machine works</p>	11. BIRTHPLACE (State or foreign country) <p align="center">Rochester, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>

13a. FATHER'S NAME <p align="center">Charles E. Steele</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Elizabeth Hamblen</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Centennia Steele</p>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>	16. SOCIAL SECURITY NO. <p align="center">unk.</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Mrs. William Steele, 921 S. 16th, St. Joseph, Mo</p>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p align="center">2 1/2 hours</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Cerebral Thrombosis</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <p align="center">Hypertension of eye.</p>		
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	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) <p align="center">334X</p>
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 March 26, 1952, to March 27, 1952, that I last saw the deceased alive on March 27, 1952 and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p align="center">Lesoi Bach M.D.</p>	23b. ADDRESS <p align="center">King Hill Bldg</p>	23c. DATE SIGNED <p align="center">3/27/52</p>
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">3/31/1952</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Ashland Cemetery</p>
24d. LOCATION (City, town, or county) (State) <p align="center">St. Joseph Missouri</p>		

DATE REC'D BY LOCAL REG. <p align="center">April 2, 1952</p>	REGISTRAR'S SIGNATURE <p align="center">Carl C. Casst</p>	445	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Wheaton-Bowman Funeral Home</p>	ADDRESS <p align="center">St Joseph, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

0117
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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 Jesse B. Hawken

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. St. Louis

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.