

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37783**
1254
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 2524 Lucille Ave. 6	

3. NAME OF DECEASED (Type or Print)	a. (First) Roberta	b. (Middle) Ann.	c. (Last) Steel	4. DATE OF DEATH (Month) (Day) (Year) November 29, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Nov. 29, 1932	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY N.W. Mo. State College	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ned F. Steel	13b. MOTHER'S MAIDEN NAME Ella Mae King	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or date of service) *****	16. SOCIAL SECURITY NO. 490-34-9469	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella M. Steel	ADDRESS St. Joseph, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic insufficiency		INTERVAL BETWEEN ONSET AND DEATH 4 days Indeterminate
	ANTECEDENT CAUSES Hemorrhage from esophageal varices		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. Hepatic cirrhosis		
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. Residual of ulcerative colitis, inactive			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 5810	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **Nov 27, 1952**, to **Nov 29, 1952**, that I last saw the deceased alive on **Nov 29, 1952**, and that death occurred at **7:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) _____	23b. ADDRESS W.D. 902 Edward St. Joseph, Mo.	23c. DATE SIGNED 12/2/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Dec. 4, 1952	REGISTRAR'S SIGNATURE Carl C. Casst	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Meierhoffer Fleeman Funeral Home, Inc. St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....*Albert C. Harrington*.....

Licensed Embalmer No.....3258 Missouri.....

P. O. Address St. Joseph, Missouri

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.