

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
356

FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Linwood & Main				d. STREET ADDRESS (If rural, give location) 3026 Bellfontain <i>2380</i>			
3. NAME OF DECEASED (Type or Print) a. (First) Radford		b. (Middle) D.		c. (Last) Steele		4. DATE OF DEATH (Month) (Day) (Year) 1-19-53	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 5, 1927	
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work during 12 months immediately preceding death) Air plane mechanic			10b. KIND OF BUSINESS OR INDUSTRY General Motors			11. BIRTHPLACE (City and State or Foreign Country) Little Rock Ark.	
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Havis Steele		13b. MOTHER'S MAIDEN NAME Alice Smith		
14. NAME OF HUSBAND OR WIFE Vereda Steele			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if known) (If no, give date of discharge or date of service) yes		16. SOCIAL SECURITY NO. W. W. Two 564-34-3521		
17. INFORMANT'S SIGNATURE OR NAME Havis Steele, Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fractured neck ruptured ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed DUE TO (c) 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 123				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, on highway, street, etc.) Linwood & Main		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-19-53 6:18A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Caught between car & streetcar			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1024 Pinalto Old		23c. DATE SIGNED 1-19-53	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL burial		24b. DATE 1-20-53		24c. NAME OF CEMETERY OR CREMATORY ROSE LAWN CEMETERY		24d. LOCATION (City, town, or county) (State) BENTON ARK.	
DATE REC'D BY LOCAL REG. 1-20-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE H. Tigerman & Son		ADDRESS KE MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITES 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

H. L. Ray Mooney

Licensed Embalmer No. 4776

P. O. Address N. C. 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.