

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13555**

5. No. 300
V. 10.48

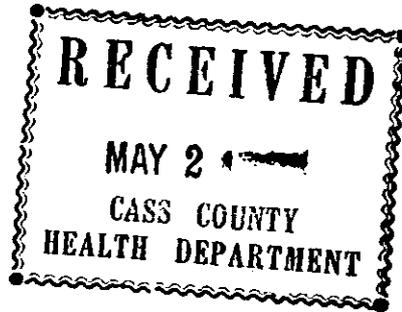
FRIED MAY 6 1953

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5218** Registrar's No. **66**

1190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Big Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Big Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles West Of Pleasant Hill		d. STREET ADDRESS (If rural, give location) 2 Miles West Pleasant Hill	
3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Harden c. (Last) Steele		4. DATE OF DEATH (Month) (Day) (Year) 4-21-1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 7-8-1876
9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Blue Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Alvin Steele		13b. MOTHER'S MAIDEN NAME Elizabeth Whitehead	
14. NAME OF HUSBAND OR WIFE Mary Steele			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Steele		ADDRESS Pleasant Hill, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach INTERVAL BETWEEN ONSET AND DEATH 3 mos 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		151X	
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) _____		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 Mar 1, 1953 , to Apr 21, 1953 , that I last saw the deceased alive on Apr 21, 1953 , and that death occurred at 4:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE F.V. Murray M.D. (Degree or title)		23b. ADDRESS Pleasant Hill, Mo.	
23c. DATE SIGNED Apr 24, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-24-1953	
24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill, Mo.		24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.	
DATE REC'D BY LOCAL REG. Apr 27, 1953		REGISTRAR'S SIGNATURE Dora Barward 457- 25. FUNERAL DIRECTOR'S SIGNATURE Allen Bunchford Pleasant Hill, Mo. ADDRESS _____	



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

A handwritten signature in dark ink, appearing to read "Wm. B. ...".

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill.

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.