

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16804

State File No. _____

FILED APR 22 1953

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6171 Registrar's No. 21

040
1

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

1. PLACE OF DEATH a. COUNTY <u>STONE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PONCE de LEON</u>		c. LENGTH OF STAY (in this place) <u>60 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PONCE de LEON</u> <u>1040</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>MAIN STREET</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>PERRY</u> c. (Last) <u>STEELE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4-1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1877</u> <u>DEC. 19-1876</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months _____ Days _____
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>RETIRED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BILLINGS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WILLIAM STEELE</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE SOLOMON</u>		14. NAME OF HUSBAND OR WIFE <u>CALLIE NORMAN, STEELE</u>	
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>ARTHUR STEELE, PONCE de LEON, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. PLACE OF INJURY (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) (m.)		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>8-26</u> , 19 <u>52</u> , to <u>4-4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-26-52</u> , and that death occurred at <u>8:00 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Harold Shaffer, DO.</u>			23b. ADDRESS <u>Wells, Mo</u>		23c. DATE SIGNED <u>4-6-53</u>
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 7-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PONCE de LEON</u>		24d. LOCATION (City, town, or county) (State) <u>PONCE de LEON, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>apr. 10-53.</u>		REGISTRAR'S SIGNATURE <u>Mrs. G. Elmer Bracken</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Lewis, Clever, Mo.</u>	

per Jana Murray (Licensed Embalmer's Statement on Reverse Side)

MAY 26 1953

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 Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 16804

County of Christian

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 21

On this 15th day of May, 1953, before me appears

Mrs. Callie Steele, who, upon her oath, states that the original record of ^{birth} death

for John Perry Steele, died April 4, 1953 in the State of

Missouri, and which was filed at Elsey, Mo. on April, 1953 should be corrected as follows:

Item No. 8 should read December 19-1877

Instead of December 19-1876

Item No. 9 should read 75 Years

Instead of 76 Years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Callie Steele Widow
Relationship.

Ponce de Leon, Missouri
Present Address.

Subscribed and sworn to before me this 15th day of May, 1953

My Commission expires January 14, 1955 248 Allen Notary Public.

J-16804