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Reg. 110,888

FILED JUL 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23527**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1745**

4000 D

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS. MO.</b>		c. LENGTH OF STAY (in this place) <b>29 Days</b>	c. CITY OR TOWN <b>JOPLIN</b> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>215 HIGHLAND</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>F.</b> c. (Last) <b>STEELE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6/22/53</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/16/89</b>
9. AGE (In years last birthday) <b>64 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Galloway, Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>ABE STEELE</b>		13b. MOTHER'S MAIDEN NAME <b>REINA BRYANT</b>	14. NAME OF HUSBAND OR WIFE <b>MILDRED STEELE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD I</b>		16. SOCIAL SECURITY NO. <b>500 09 0411</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>V. A. HOSPITAL RECORDS, JEFF. BRKS. MO.</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>CARCINOMA OF THE PYRIFORM SINUS, RECURRENT, UNKNOWN WITH METASTASES TO LUNGS &amp; BRAIN</b> ANTECEDENT CAUSES <b>WITH METASTASES TO LUNGS &amp; BRAIN</b> 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 <b>2-24-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>LARYNGECTOMY, RIGHT NECK DISSECTION CARCINOMA OF PYRIFORM SINUS</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>- - -</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>V.A.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>- - -</b>
22. I hereby certify that I attended the deceased from <b>5/24</b> , 19 <b>53</b> , to <b>6/22</b> , 19 <b>53</b> , that I was on duty on the date of death on <b>6/22/53</b> , and that death occurred at <b>10:15 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R R Allen</b>		23b. ADDRESS (Degree or title) <b>M.D. V.A. HOSPITAL JEFF. BRKS. MO.</b>	23c. DATE SIGNED <b>6-23-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 27, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Joplin MO.</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin MO.</b>
DATE REC'D BY LOCAL REG. <b>6-23-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. D... ..</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Funeral Home 622 S. Grand</b>	

(Licensed Embalmer's Statement on Reverse Side) **622 S. Grand**

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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 ..... Signature of Student Embalmer

Signed *Paul Van Fossen*

Licensed Embalmer No. *424*

P. O. Address *63220*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.