

FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27843

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 879
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth		
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 Grant City 1130		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) /		
3. NAME OF DECEASED (Type or Print) Jean		a. (First)	b. (Middle)	c. (Last) Steele
4. DATE OF DEATH August 2, 1953		5. SEX female		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH December 11, 1925		9. AGE (In years last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) telephone operator		10b. KIND OF BUSINESS OR INDUSTRY telephone Co.		11. BIRTHPLACE (City and State or Foreign Country) Grant City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Reno Edson Wall		
13b. MOTHER'S MAIDEN NAME Eddie Mae King		14. NAME OF HUSBAND OR WIFE unk.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-24-9404		17. INFORMANT'S SIGNATURE OR NAME Reno Wall, Grant City, Missouri
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Pyelo-nephritis Acute DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 7 days 7 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 6000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7-27-53 , 19___, to 8-2-53 , 19___, that I last saw the deceased alive on 8-2-53 , 19___, and that death occurred at 2:30 Pm. , from the causes and on the date stated above.				
23a. SIGNATURE H. C. Jenne, MD (Degree or title)		23b. ADDRESS 207 P4S St. Joseph Mo.		23c. DATE SIGNED 8-4-53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 8/2/1953		24c. NAME OF CEMETERY OR CREMATORY Grant City, Missouri
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Newton Bowman ADDRESS St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Aug 13, 1953		REGISTRAR'S SIGNATURE 48.5 Ruth M. Allison		

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

Eugene Wood

Licensed Embalmer No. *3807*

P. O. Address *319 So 10th St, St Joseph, 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.