

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

288883

State File No. 3989

FILED AUG 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 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) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 21 YEARS | | STREET ADDRESS (If rural, give location) 2511 MYRTLE AVENUE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MENORAH HOSPITAL | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) EDWARD | b. (Middle) T. | c. (Last) STEELE | 4. DATE OF DEATH (Month) (Day) (Year) AUGUST 6 1953 |
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|-------------|------------------------|--|------------------------------|------------------------------------|------------------------|-----------------------|-------|------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 9, 1900 | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|-------------|------------------------|--|------------------------------|------------------------------------|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION SUPT. | 10b. KIND OF BUSINESS OR INDUSTRY RAWLING CONSTR. CO. | 11. BIRTHPLACE (City and State or Foreign Country) RENFREW, PENNSYLVANIA | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME CHARLES P. STEELE | 13b. MOTHER'S MAIDEN NAME WESTERGREEN | 14. NAME OF HUSBAND OR WIFE ESTELLE N. STEELE |
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| 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. 535-09-9386 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ESTELLE N. STEELE, 2511 MYRTLE, K.C.M. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 2 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VENTRICULAR FIBRILLATION | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL INFARCTION DUE TO (c) CORONARY OCCLUSION | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4201 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from August 6, 1953, to Aug 6, 1953, that I last saw the deceased alive on Aug 6, 1953, and that death occurred at 11:40 P. M., from the causes and on the date stated above.

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| 23a. SIGNATURE David Waxman (Degree or title) M.D. | 23b. ADDRESS 4802 Prospect | 23c. DATE SIGNED 8-9-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE AUG. 10, 1953 | 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
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| DATE REC'D BY LOCAL REG. 8-10-53 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS N. H. Newcomer Sons, Kansas City, Mo. |
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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.....
Signature of Student Embalmer

Signed *Robert Ray*.....

Licensed Embalmer No... *418*.....

P. O. Address *Kansas*.....

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.