

STANDARD CERTIFICATE OF DEATH

State File No. **39922**

FILED DEC 15 1953

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 248		
1. PLACE OF DEATH a. COUNTY PHELPS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY DENT				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) 3 DAYS		c. CITY OR TOWN SALEM.		d. Is 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: PHELPS COUNTY Hosp.				e. STREET ADDRESS (If rural, give location) MINNIMIAN MINN 0331				
3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) LESLIE c. (Last) STEELEMAN			4. DATE OF DEATH (Month) (Day) (Year) 12-7-53					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH DEC 22-52		
9. AGE (In years) last birthday 11		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY A		11. BIRTHPLACE (City and State or Foreign Country) Rolla Mo.		
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME HOMER STEELMAN		13b. MOTHER'S MAIDEN NAME DELPHIA NIXENS		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME DELPHIA STEELMAN, Salem Mo ADDRESS				
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* (a) Meningitis (Cerebral) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septicemia Medea DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 72 hours unusually	
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)		21d. DATE OF INJURY (Month) (Day) (Year) (Hour) 3912		
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 12/5 , 19 53 , to 12/7 , 19 53 , that I last saw the deceased alive on 12-7 , 19 53 , and that death occurred at 12:35 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Wm. Colby				23b. ADDRESS Rolla Mo		23c. DATE SIGNED 12/7/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 7-53		24c. NAME OF CEMETERY OR CREMATORY BARTON CEMETERY		24d. LOCATION (City, town, or county) (State) IRON COUNTY MO		
DATE REC'D BY LOCAL REG. Dec 7, 1953		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE C. K. SPENCER		ADDRESS SALEM, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed 12-14-53

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 *Carl H. Spencer*
Licensed Embalmer No. *4370*
P. O. Address *Salem, Va.*

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.