

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>ELSBERRY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ELSBERRY</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>307 S. SIXTH ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>307 S. SIXTH ST. - 307</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>NEWTON</b>	b. (Middle) <b>G.</b>	c. (Last) <b>STEELE</b>	4. DATE OF DEATH (Month, Day, Year) <b>MARCH 31, 1954</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 9, 1897</b>	9. AGE (in years last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (State or foreign country) <b>Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>David Steele</b>	13b. MOTHER'S MAIDEN NAME <b>Louise ?</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Ann Washington</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Arthur Johnson - Elsberry, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 10-1-1953 to 3-31-1954, that I last saw the deceased alive on 3-30-1954, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>ELSBERRY, MO</b>	23c. DATE SIGNED <b>3/2/54</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 4, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elsberry City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Elsberry, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4/15/54</b>	REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kientz</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>O. Yaker Hicks Elsberry, Mo.</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_



Licensed Embalmer No. \_\_\_\_\_

4012

P. O. Address \_\_\_\_\_

Elsterny, 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.