No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30847

FILED SEP 24 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4159

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): Life / ~~246 days~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KCTB HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 3100 PASEO 52 3528 D

3. NAME OF DECEASED (Type or Print)
a. (First): Miss Ellen
b. (Middle): M.
c. (Last): STEELE

4. DATE OF DEATH (Month) (Day) (Year): 8 - 28 - 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~W.~~ 3
8. DATE OF BIRTH: 8-2-1908
9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days / ~~Hours~~ / IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SWITCHBOARD OPR
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): KANSAS CITY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: EDWARD STEELE
13b. MOTHER'S MAIDEN NAME: Nellie Egan ~~Nellie Egan~~
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 499-14-4500
17. INFORMANT'S SIGNATURE OR NAME: KCTB Hospital
ADDRESS: KC, Mo

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) Pulmonary Tuberculosis

ANTECEDENT CAUSES

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.

INTERVAL BETWEEN ONSET AND DEATH

002 K

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-17, 1953, *to* 8-28, 1954, *that I last saw the deceased alive on* 8-28, 1954, *and that death occurred at* 8:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Altomare (Degree or title): Edward P. Altomare M.D.
23b. ADDRESS: K.C. Tuberculosis Sanitarium
23c. DATE SIGNED: 8/28/5

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 31, 1954
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's
24d. LOCATION (City, town, or county) (State): K.C. Mo.

DATE REC'D BY LOCAL REG.: 8-30-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thomas E. Quirk 4316 Troost Ave.

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1957

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 Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3775

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.