

FILED SEP 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31042**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 2001 Registrar's No. 473

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>2609 WALL STREET</b> <u>044</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>FREEMAN HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JO</b> b. (Middle) <b>ANNA</b> c. (Last) <b>STEELE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 17, 1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>AUG. 30, 1932</b>	
9. AGE (In years last birthday) <b>22</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MISSOURI UNIV.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MILBURN, KENTUCKY</b>	
13a. FATHER'S NAME <b>ROY E. STEELE</b>			13b. MOTHER'S MAIDEN NAME <b>MILDRED TRAMEL</b>		
14. NAME OF HUSBAND OR WIFE -----			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ROY E. STEELE, 2609 WALL STREET</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (a) <u>Chronic glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	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.			

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) <u>592X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	

22. I hereby certify that I attended the deceased from 7-7-, 1954, to 9/17/, 1954, that I last saw the deceased alive on Sept. 17, 1954, and that death occurred at 7:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Kralovich</u>		23b. ADDRESS <u>805 Bisco Bldg. Joplin, Mo.</u>		23c. DATE SIGNED <u>9/21/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>			

DATE REC'D BY LOCAL REG. <u>9-24-54</u>		REGISTRAR'S SIGNATURE <u>By Dolores Lampkin</u>		138	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 27 1955  
Jasper County Health Office  
County File Number 54-9-86  
Date Filed SEP 27 1955

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 *F. M. Jones*.....

Licensed Embalmer No. 231.....

P. O. Address *Joplin*.....

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.