

40367

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 201BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill, Missouri</u>		c. CITY OR TOWN <u>Pleasant Hill, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>209 Walnut</u>		e. STREET ADDRESS (If rural, give location) <u>209 Walnut</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Marion</u>	b. (Middle) <u>Francis</u>	c. (Last) <u>Steele</u>	(Month) <u>12</u>	(Day) <u>15</u>	(Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-16-1915</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours
11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant Hill, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		

13a. FATHER'S NAME <u>Frank Steele</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Bunnell</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-03-2571</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. R. Steele</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS <u>Pleasant Hill, Mo.</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>accidental strangulation</u>		
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 <u>3533</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE - HOMICIDE</u> <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pleasant Hill, Cass, Mo</u>
21d. TIME OF INJURY <u>12 15 54 5P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>accidental strangulation during epileptic seizure</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Janda (Coroner)</u>	23b. ADDRESS <u>Pleasant Hill, Mo.</u>	23c. DATE SIGNED <u>12/17/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-18-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill, Ceme</u>
24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Dec. 20, 1954</u>	REGISTRAR'S SIGNATURE <u>Nora Barnard</u>	457-00	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brownfield</u>	ADDRESS <u>Pleasant Hill, Mo.</u>
---	---	--------	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

FILED DEC 29 1954

REC 25 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 Rayon Jr. Bell, Student Embalmer No. 509 working under my personal supervision.

Student Rayon Jr. Bell
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.