

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1518

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY JEFFERSON 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFF	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (VALE) TWP.		c. CITY OR TOWN DESOTO RURAL	
c. LENGTH OF STAY (in this place) YRS.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 MI E. OF DESOTO ON HY 110		e. STREET ADDRESS (If rural, give location) 6 MI E OF DESOTO ON HY #110	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) FRANKLIN c. (Last) STEELE			4. DATE OF DEATH (Month) (Day) (Year) JAN 5 1955		
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 4 1867	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. TELEPHONE SERVICE MAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) INDIANA 1	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME (UNKNOWN) STEELE		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ANNA STEELE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK.		16. SOCIAL SECURITY NO. 140		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. LERRET DESOTO RT. 1, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by his own hand				
		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) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) IN HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) DESOTO (VALE TWP) JEFF. MO.		
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?		

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. B. Edwards		23b. ADDRESS Cedar Hill MO.		23c. DATE SIGNED Jan 6 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Jan 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Mission Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis MO.		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Howell B. Decker Desoto MO.			
DATE REC'D BY LOCAL REG. 1-10-55		REGISTRAR'S SIGNATURE Marie S. Harris 146			

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

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

JAN 11 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.....

Licensed Embalmer No.....

P. O. Address.....

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.