

FILED APR 28 1955

## STATEMENT OF DEATH

State File No. 12176

1664

|  |  |  |  |   |   |   |   |
|--|--|--|--|---|---|---|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. <u>1664</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give town(ship))<br><u>Kansas City</u>   |  | c. LENGTH OF STAY (in this place)<br><u>38 yrs</u>   |  | c. CITY OR TOWN <u>Kansas City</u>  |   | d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St Joseph Hospital</u>   |  |  |  | STREET ADDRESS (If rural, give location)<br><u>54 3221 Olive 3548</u>   |   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Edeth</u>   |  |  | b. (Middle) <u>Lizzie</u>  |   | c. (Last) <u>Steele</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April 13 1955</u> |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow</u>                                 | 8. DATE OF BIRTH<br><u>August 20, 1887</u>                       | 9. AGE (In years last birthday)<br><u>67</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____                                    | IF UNDER 11 HRS.<br>Hours _____ Mins. _____   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Sigourney Iowa</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |   |
| 13a. FATHER'S NAME<br><u>James W. Wallace</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Lidia Paffenlager</u>  |  | 13c. NAME OF HUSBAND OR WIFE<br><u>John Sanders Steele</u>  |   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>James E. Wallace 7520 Wabash</u>  |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Posterior Coronary Occlusion</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Sclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4201</u> |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 days</u><br><u>7 years</u>   |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |   | 20. AUTOPSY?<br>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)   |   |   |   |
| 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 <u>April 7, 1955</u> , to <u>April 13, 1955</u> , that I last saw the deceased alive on <u>April 13, 1955</u> , and that death occurred at <u>5:45 P m.</u> , from the causes and on the date stated above. |  |  |  |   |   |   |   |
| 23a. SIGNATURE <u>W. M. Ketchum</u> (Degree or title) <u>MD</u>  |  |  |  | 23b. ADDRESS<br><u>MC MO</u>  |   | 23c. DATE SIGNED<br><u>4/14/55</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>April 16 1955</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Joseph Cemetery</u> |   | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u> |   |   |
| DATE REC'D BY LOCAL REG.<br><u>4-14-55</u>   |  | REGISTRAR'S SIGNATURE<br><u>Neva Marshall</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Hilke Funeral Home 2315 Linwood</u>  |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 25 1956

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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 *Chas E. Wilks*

Licensed Embalmer No. *264*

P. O. Address *H.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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