

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28859

State File No.

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 3015 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY OR TOWN <u>RURAL Hi 275</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>RURAL Hi 275</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi West SAVANNAH</u>		e. STREET ADDRESS (If rural, give location) <u>8 mi West of SAVANNAH</u>	

3. NAME OF DECEASED (Type or Print) <u>William Lewis Steeby</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 14 - 1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-24-1886</u>	9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Ely Franklin Steeby</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JANE Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Fannie Steeby</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY <u>497-12-0470</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mabelle Bonar</u> ADDRESS <u>St Joseph mo</u>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> <u>Un Known</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic brain tumor.</u>		
	DUE TO (c) <u>CARCINOMA of Sigmoid</u>		
19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Apr 20, 1953, to Sept 14, 1953, that I last saw the deceased alive on Sept 14, 1953, and that death occurred at 10.30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Neal A. Sweeney</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Oregon, Mo</u>	23c. DATE SIGNED <u>9/17/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-17-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FILLMORE</u>
DATE REC'D BY LOCAL REG. <u>9-19-55</u>	REGISTRAR'S SIGNATURE <u>Kellan</u>	24d. LOCATION (City, town, or county) (State) <u>FILLMORE, MISSOURI</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah Mo</u>		ADDRESS <u>Savannah Mo</u>

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

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 *E. C. Breit*

Licensed Embalmer No. *265*

P. O. Address *SAVANNAH*

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.