

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43503

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4551 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Wright</b>	
b. CITY OR TOWN <b>Hartville</b>	c. LENGTH OF STAY (in this place) <b>3</b>	c. CITY OR TOWN <b>Hartville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Coffman Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>Hartville</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Magnolia</b> b. (Middle) _____ c. (Last) <b>Steele</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12/29/1955</b>		
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1/2/1878</b>	9. AGE (in years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>2</b> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Wright Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Hugh Willard</b>		13b. MOTHER'S MAIDEN NAME <b>Parker</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>	
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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. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Coffman Hartville, Mo.</b>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<b>Coronary Occlusion</b>			<b>instantly</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			<b>4201</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	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 **10 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>No doctor available</b> (Name or title) _____		23b. ADDRESS _____	23c. DATE SIGNED <b>1/11/56</b>
<b>Garner Registrar</b>		<b>Hartville, Mo.</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12/31/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dorris</b>	24d. LOCATION (City, town, or county) (State) <b>Wright Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-11-56</b>	REGISTRAR'S SIGNATURE <b>Garner 346</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John Sappin Hartville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number: 156-10  
Date Filed: JAN 23 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 *James W. Wair*.....  
Licensed Embalmer No. 465

P. O. Address *Springfield*

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.