

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1923

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>5691</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jefferson</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Laclede</u>		d. If Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>80</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles SW of Laclede</u>				e. STREET ADDRESS (If rural, give location) <u>4 miles SW of Laclede</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>DELL</u> c. (Last) <u>STEELE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-56</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>4-15-71</u>	
9. AGE (In years last birthday) <u>84</u>		10. 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>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Cyrus Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Parks</u>	
13a. FATHER'S NAME <u>Cyrus Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Parks</u>		13c. NAME OF HUSBAND OR WIFE <u>Emma</u>		14. NAME OF HUSBAND OR WIFE <u>Emma</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Steele, Laclede, Mo.</u>		ADDRESS <u>Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SENILE DEMENTIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>			
* This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>SENILITY</u>			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.				<u>304x</u>			
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)		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>11-5</u> , 19 <u>42</u> , to <u>1-26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>56</u> , and that death occurred at <u>29</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. H. Potter</u> (Degree or title)				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>1-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-28-56</u>		REGISTRAR'S SIGNATURE <u>Katherine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers, Laclede, Missouri</u> ADDRESS			
(Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY—USING UNFAADING 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.....
W.D. Knight

Licensed Embalmer No. 463

P. O. Address *Frederick, Md.*

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.