

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9732

State File No. ....

FILED MAR 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 4300 Registrar's No. 33

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) OR TOWN <u>Laclede</u>		c. CITY OR TOWN <u>Laclede</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		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 _____		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRVIN</u> b. (Middle) <u>FRED</u> c. (Last) <u>STEELE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-56</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>4-14-1905</u>		9. AGE (In years last birthday) <u>50</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Good Repair</u>			

13a. FATHER'S NAME <u>Charles Ball Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Mae Steele</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) _____		16. SOCIAL SECURITY NO. <u>498-24-6104</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lula M Steele</u> ADDRESS <u>Laclede, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull</u>		DUE TO (b) _____				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at crossing</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Laclede Linn MO.</u>	
21d. TIME OF INJURY <u>3 17 56</u> m.		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision of Groser &amp; a train</u>	

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 4:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jamie B. McCalland Coroner</u>		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>3/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Laclede Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brother</u>		ADDRESS <u>Laclede Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-20-56</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>			

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

167-6

MAR 28 1958

MAR 11 1958

KS DEC 7 1960

JUN 26 1957

**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. P. Knight*

Licensed Embalmer No. 4655

P. O. Address Facets, 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.