

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017716
State File No.

FILED MAY 19 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 46

0331

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

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give town) Salem Mo.	c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN Salem Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		e. STREET ADDRESS (If rural, give location) East G. Ave, Salem Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Alva	b. (Middle) Wilford	c. (Last) Steelman	4. DATE OF DEATH (Month) (Day) (Year) May 13 58
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH August 15-86	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ 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) Retired	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and State or Foreign Country) Dent County Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME David Steelman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Laura Steelman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or (blank)) (If yes, give dates of service) None	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clint Steelman Son Salem Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Artherosclerotic Heart Disease		
	DUE TO (c) Pulmonary tuberculosis, Systemic tuberculosis, Chronic emphysema		
	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 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) 4200 A
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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 _____
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22. I hereby certify that I attended the deceased from Dec. 57, 1957, to 5/12, 1958, that I last saw the deceased alive on 5/12, 1958 and that death occurred at 11:30 PM., from the causes and on the date stated above.

23a. SIGNATURE R. Pass, M.D. (Degree or title)	23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 5/16/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-15-58	24c. NAME OF CEMETERY OR CREMATORY Jadwin	24d. LOCATION (City, town, or county) (State) Dent County Mo.
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DATE REC'D BY LOCAL REG. 5/16/58	REGISTRAR'S SIGNATURE M. M. Hart	EMBALMER'S SIGNATURE M. D. P. H.	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clint Steelman Salem Mo.
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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.....
Carl H. Johnson

Licensed Embalmer No.
237

P. O. Address.....
Salmon

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.