

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036633

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4686

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp #1</i>	Length of stay in lb <i>17 Mon</i>	d. STREET ADDRESS (If outside, give location) <i>16 E 34th Ten.</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>ROBERT ALLEN STEELE</i>	4. DATE OF DEATH Month Day Year <i>10-4-1958</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-18-1957</i>	9. AGE (In years last birthday) <i>1</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			

13a. FATHER'S NAME <i>Robert E Steele</i>	13b. MOTHER'S MAIDEN NAME <i>Guanita Collins</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Robert E Steele</i>	Address <i>16 E 34th Ten.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fractured skull</i>	INTERVAL BETWEEN ONSET AND DEATH <i>8:02⁰ p.m.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Autopsy Gen of A</i>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Fell from 3 story window</i>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>10-4-58</i>	<i>123</i>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>	COUNTY <i>Jackson</i>	STATE <i>Mo</i>
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>Hugh H Owens Coroner</i>	22b. ADDRESS <i>1034 Pinalto Blvd</i>	22c. DATE SIGNED <i>10-4-58</i>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-5-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Markley Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Baterias, Ark</i>

24. FUNERAL DIRECTOR <i>Kassantuo Bros</i>	ADDRESS <i>KE MO</i>	25. DATE RECD. BY LOCAL REG. <i>10-4-58</i>	26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>
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Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens



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 *Leonard Passantino*

Licensed Embalmer No. 4554
P. O. Address KC 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.