Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-008908
STATE FILE NUMBER

FILED APR 8 1959 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 17

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Dent<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem — Inside Limits Yes ☒ No ☐<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in 1b | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Dent<br>c. CITY OR TOWN Salem 0331 — Inside Limits Yes ☒ No ☐<br>d. STREET ADDRESS (If outside, give location) Highway 19 N. — Reside on Farm Yes ☐ No ☒ |

3. NAME OF DECEASED (Type or print): First Clyde Middle Ray Last Steelman

4. DATE OF DEATH: Month April Day 1 Year 1959

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Jul 21 1918

9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman

10b. KIND OF BUSINESS OR INDUSTRY: Electrical Ind.

11. BIRTHPLACE (City and state or country): Dent Co Mo

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Amos Steelman

13b. MOTHER'S MAIDEN NAME: Josie Thompson

14. NAME OF HUSBAND OR WIFE: Nellie Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Navy

16. SOCIAL SECURITY NO.

17. INFORMANT: Nellie Steelman Address: Salem Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: approx 12 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) pulmonary " — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO (c) 163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from approx 3-15-59, to 4-1-59 and last saw him alive on 3-31-59

Death occurred at 10:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D. 2 — 22b. ADDRESS Salem, Mo. — 22c. DATE SIGNED 4-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: April 4 1959 — 23c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cem — 23d. LOCATION (City, town, or county) (State): Salem Dent Co Mo

24. FUNERAL DIRECTOR: Spencer Funeral Home — ADDRESS

25. DATE RECD. BY LOCAL REG.: April 4, 1959

26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by A.M.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 28 1959

APR 9 1959

JAN 5 1960

JAN 4 1960

## 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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.