

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012652
State File No.

FILED APR 27 1959

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. _____ Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CHARITON</u>	
b. CITY OR TOWN <u>RURAL YELLOW CREEK TWP</u>		c. CITY OR TOWN <u>MARCELINE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <u>5 Mi S.E. MARCELINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi S.E. MARCELINE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>STEELE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14 1959</u>
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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>3-30-1876</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. 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>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SULLIVAN Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WM. FIDLER STEELE</u>	13b. MOTHER'S MAIDEN NAME <u>PHOEBE MYERS</u>	14. NAME OF HUSBAND OR WIFE <u>KATHYRN STEELE</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HESTER NELSON</u>	ADDRESS <u>FAIRFIELD IA.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				<u>3 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		
		DUE TO (b) <u>Arteri sclerotic Hrt Disease</u>		<u>3 years</u>
		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 <u>H2SO4</u>	20. AUTOPSY? 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)
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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?
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22. I hereby certify that I attended the deceased from 4/5, 1958, to 4/14, 1959, that I last saw the deceased alive on April 14, 1959, and that death occurred at 6:53pm, from the causes and on the date stated above.

23a. SIGNATURE <u>John Otis Carr</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Marceline MO</u>	23c. DATE SIGNED <u>4/15/59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-17-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PURDIN CITY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PURDIN MO.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 22-1959</u>	REGISTRAR'S SIGNATURE <u>Wooie Smith Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MILLER-TILLOTSON</u>	ADDRESS <u>MARCELINE</u>
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WRITE PLAINLY—USING UNFADING 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..... *Lilburn K. Tillate*

Licensed Embalmer No. *450*

P. O. Address *Marcel*
M.

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.