

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021908

STATE FILE NUMBER

FILED JUL 14 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman		d. STREET ADDRESS 921 Jefferson	
3. NAME OF DECEASED (Type or print) First Middle Last Cleve Steele		4. DATE OF DEATH July 2, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 6, 1885
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) Indian Territory, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Abe Steele	
13b. MOTHER'S MAIDEN NAME Irene Bryant		14. NAME OF HUSBAND OR WIFE Lillie Etta Steele	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No [unknown]) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-07-9472	17. INFORMANT Mrs. Lillie Etta Steele
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 17 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes		8 years	
DUE TO (c)			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour .Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Dec. 24, 1951 to July 2, 1959 and last saw him alive on July 2, 1959 Death occurred at 4:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Reynold K. Smith</i> (Degree or title) M.D.		22b. ADDRESS 607 Frisco Bldg. Joplin, Mo.	
22c. DATE SIGNED 7-6-1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope
23d. LOCATION (City, town, or county) Webb City, Missouri		(State)	
24. FUNERAL DIRECTOR Thornhill-Dillon		ADDRESS Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 7-9-1959
26. REGISTRAR'S SIGNATURE <i>Noyce Merriam</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 14 1956

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 Robert C. Rolla

Licensed Embalmer No. 5062

P. O. Address Spalding, 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.