

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-023995**

**FILED VS JUL 27 1959**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3000 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>	Length of stay in 1b <u>2-weeks</u>	c. CITY OR TOWN <u>ATLANTA</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>—</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>SAMUEL HENRY Steele</u>			4. DATE OF DEATH Month Day Year <u>7 - 12 - 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-31-1890</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u> Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL FORMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Mail Service</u>	11. BIRTHPLACE (City and state or country) <u>ATLANTA, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>DAVID HAGGARD Steele</u>	13b. MOTHER'S MAIDEN NAME <u>ISA DORA NASH</u>	14. NAME OF HUSBAND OR WIFE <u>Marguerite Steele</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>Marguerite Steele - ATLANTA-MO.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>MASSIVE Post OPERATIVE Hemorrhage 3 hours</u>	DUE TO (b) <u>Duodenal Ulcer</u>	<u>UNKNOWN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>-</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Azotemia</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 6-27-59 to 7-12-59 and last saw him alive on 7-11-59  
Death occurred at 12:49 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Paul H. Gooding, M.D.</u>	22b. ADDRESS <u>20. Kirtzale, Mo</u>	22c. DATE SIGNED <u>7-20-59</u>
23a. BURIAL OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-14-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. TABOR</u>
		23d. LOCATION (City, town, or county) (State) <u>ATLANTA, MO.</u>

24. FUNERAL DIRECTOR <u>Theo H. Gooding - ATLANTA, MO</u>	25. DATE RECD. BY LOCAL REG. <u>7-20-1959</u>	26. REGISTRAR'S SIGNATURE <u>Jessie W. Ratliff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EARL BOGACHIN, JR. D.O.

VS AUG 6 1959

VS APR 1 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 or by Thos H Goodding Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thos H Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.