

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

**59-024827**

**FILED VS AUG 17 1959**

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 840c

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Greene County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b <b>2 days</b>	c. CITY OR TOWN <b>R. 1. Marionville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Boyd</b> Last <b>Steele</b>			4. DATE OF DEATH Month <b>August</b> Day <b>5</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-1-1900</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>8</b>	IF UNDER 24 HR Hours <b>4</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Stone County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A.</b>	
13a. FATHER'S NAME <b>Bill Steele</b>		13b. MOTHER'S MAIDEN NAME <b>Theodosie Ledbetter</b>		14. NAME OF HUSBAND OR WIFE <b>Esther Steele</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>02-18-0983</b>	17. INFORMANT <b>Mrs. Esther Steele, 41 Marionville Mo.</b>
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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) <b>Thrombosis, ascending aorta, with multiple emboli spleen, kidney mesenteric artery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 da's</b>
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)		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 checked="" type="checkbox"/> NO <input 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 <b>Springfield, Mo</b>	COUNTY <b>Stone</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>Feb 24, 58</b> to <b>Aug 5, 59</b> and last saw him alive on <b>Aug 5, 1959</b> Death occurred at <b>9:20 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>J. B. Surridge, Jr MD</b>		22b. ADDRESS <b>Springfield, Mo</b>		22c. DATE SIGNED <b>8 Aug, 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Aug. 5, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cem.</b>	23d. LOCATION (City, town, or county) <b>Marionville, Mo.</b>	

24. FUNERAL DIRECTOR <b>J. B. Surridge</b>	ADDRESS <b>Marionville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-10-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 18 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

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

Signed Lewis G. Scher

Licensed Embalmer No. 3802

P. O. Address Springfield

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.