

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

=60-020150

RECEIVED MAY 18 1960

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in 1b 3 days		c. CITY OR TOWN Lucerne		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ** *****		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jennie Middle E. Last Steele			4. DATE OF DEATH Month 5 Day 10 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/3/1870	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months 8 Days 7 Hours Min. 	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Putnam County		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME J.J. Pettie		13b. MOTHER'S MAIDEN NAME Martha J. Mannon		14. NAME OF HUSBAND OR WIFE Dr. G.A. Steele (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Edith L. James - Okmulgee, Oklahoma				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis following operation						INTERVAL BETWEEN ONSET AND DEATH imm.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Intertrochanteric fracture - l.femur 4 days	
DUE TO (c) Surgical reduction of fracture						18 hrs.	
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		
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 Month, Day, Year a.m. p.m. 							
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 5-6-60 to 5-10-60 and last saw her/him alive on 5-10-60 Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Byron F. Axtell D.O.			22b. ADDRESS Princeton, Mo.			22c. DATE SIGNED 5-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/12/1960	23c. NAME OF CEMETERY OR CREMATORY Lucerne Cemetery		23d. LOCATION (City, town, or county) Lucerne, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Martin & Azbell, Princeton, Mo. Lyman Azbell			25. DATE RECD. BY LOCAL REG. 5-12-60	26. REGISTRAR'S SIGNATURE Paul Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 14 1960
JUL 19 1960

MS FEB 21 1960

MS DEC 27 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lynman Ogbe

Licensed Embalmer No. 5020

P. O. Address Princeton, 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.