

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1960

-60-031763

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre	Length of stay in 1b 30 yrs	c. CITY OR TOWN Bonne Terre	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 219 Church St
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Floyd Middle Maxwell Last Steelman			4. DATE OF DEATH Month Aug Day 13 Year 1960			
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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 2-14-1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personal Manager	10b. KIND OF BUSINESS OR INDUSTRY St Joseph Lead Co	11. BIRTHPLACE (City and state or country) Boston, Mo.	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME Alexander Steelman	13b. MOTHER'S MAIDEN NAME Laverna Maxwell	14. NAME OF HUSBAND OR WIFE Mary Steelman
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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) No	16. SOCIAL SECURITY NO. 494-05-1832	17. INFORMANT Address Mary Steelman Bonne Terre, Mo.
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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) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 6 days
DUE TO (b) Coronary thrombosis		6 days
DUE TO (c) Arteriosclerotic heart disease		?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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.)
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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 _____
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21. I attended the deceased from **Aug. 8, 1960** to **Aug. 13, 1960** and last saw ^{X-BOX} him live on **Aug. 12, 1960**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) Van W. Taylor	22b. ADDRESS Bonne Terre, Mo.	22c. DATE SIGNED 8-15-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-17-60	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Mem Pk	23d. LOCATION (City, town, or county) (State) St Louis Mo
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24. FUNERAL DIRECTOR ADDRESS C. Z. Boyer & Son Bonne Terre, Mo	25. DATE RECD. BY LOCAL REG. Aug 15, 1960	26. REGISTRAR'S SIGNATURE Esther Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

TAYLOR

AUG 25 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 Burlin T. Boyer, Jr., Student Embalmer No. 599
working under my personal supervision.

Student Burlin T. Boyer, Jr.
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

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