

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-033701**  
STATE FILE NUMBER

AMENDED

Registration District No. 242 Primary Registration District No. 4363 Registrar's No. 50

FILED OCT 5 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

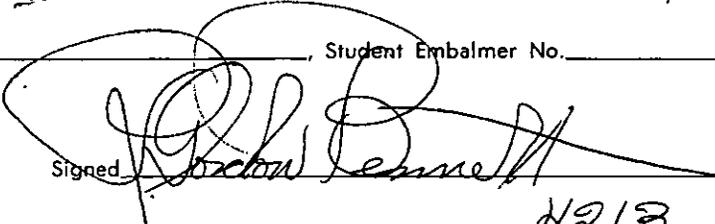
|   |  |   |  |   |   |  |  |
|---|--|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Newton</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Fairview</b>  |  | Length of stay in 1b<br><b>4 Mo.</b>  |  | c. CITY OR TOWN <b>Verona</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2 miles South of Fairview</b>   |  |   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location)<br><b>3 mi north of Verona</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>R.</b> Middle <b>IRWIN</b> Last <b>STEELE</b>   |  | 4. DATE OF DEATH<br>Month <b>9</b> Day <b>5</b> Year <b>1961</b>  |  |   |   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2-1-1880</b>            | 9. AGE (last birthday)<br><b>81</b>   | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>    | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Missouri</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA.</b>   |  |
| 13a. FATHER'S NAME<br><b>Henry Steele</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>    |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT Address<br><b>Richard Steele, Fairview, Missouri</b>  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>  |  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Instant.</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b)<br><b>Gruch IV - After operation.</b>  |  | DUE TO (c) <b>Years.</b>  |   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>Hour <b>2:30</b> a.m. p.m.<br>Month, Day, Year <b>1946</b>   |  | 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 <b>1946</b> to <b>Sept 5-1961</b> and last saw him alive on <b>August 31-1961</b><br>Death occurred at <b>2:30 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>A.P. Caputo M.D.</b>   |  |   |  | 22b. ADDRESS<br><b>Law Mo.</b>  |   | 22c. DATE SIGNED<br><b>9-5-61</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>9/8/61</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lee Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Verona, Missouri</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Oscar L. Marsh</b> ADDRESS<br><b>Aurora, Missouri</b>  |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>9-12-61</b> |   | 26. REGISTRAR'S SIGNATURE<br><b>Mildred Moberly</b> |  |  |

1961 - 9 100 SM

**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  \_\_\_\_\_

Licensed Embalmer No. 4218

P. O. Address North, Missouri

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.