

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 16 1949

BIRTH NO. 48-62199 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>11</b>		d. STREET ADDRESS (If rural, give location) <b>1704 So. 12th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>STEPHEN</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>STEELE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 2 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 21, 1948</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR (Months) (Days) IF UNDER 12 HRS. (Hours) (Min.) <b>2 12</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frank Steele</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Mathers</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank Steele, 1704 So. 12th St.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Bronchopneumonia</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Coriza</b>		<b>2 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>The baby died on the way to the hospital or was dead on arrival at the hospital, it had a cold in the head for the past two days, without other symptoms of serious illness.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>no</b>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>3</b>
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22. I hereby certify that I attended the deceased from viewed on Jan 2, 1949, to Jan 2, 1949, that I last saw the deceased alive on not seen alive, and that death occurred at 11:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Mundy M.D. (Coroner)</b>	23b. ADDRESS <b>404 So 3rd St St Joseph Mo</b>	23c. DATE SIGNED <b>1/4/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/4/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blakley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Easton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-5-49</b>	REGISTRAR'S SIGNATURE <b>H. B. Jenkins</b>	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**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. 213

working under my personal supervision.

Signed Grandall P. Stode  
Student Embalmer

Signed John E. Rupp  
Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.