

No. 300
10-48

0117

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1950

State File No. 7775

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 360

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		c. LENGTH OF STAY (in this place) 43 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI METHODIST HOSP.		d. STREET ADDRESS (If rural, give location) ARTIS HOTEL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) CHARLES	b. (Middle) LE ROY	c. (Last) STEELE	3-21-1950		

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JAN. 6, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR-C.B. AND	10b. KIND OF BUSINESS OR INDUSTRY Q. R. R.	11. BIRTHPLACE (State or foreign country) ATCHISON, KAN.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME WILLIAM H. STEELE	13b. MOTHER'S MAIDEN NAME CHARLOTTE HARPER	14. NAME OF HUSBAND OR WIFE UNKNOWN
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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. ---	17. INFORMANT'S SIGNATURE OR NAME MRS. JULIA EISELE, Atchison	ADDRESS 2d.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobes		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		490X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-19-50**, 19**50**, to **3-21-50**, 19**50**, that I last saw the deceased alive on **3-20-50**, 19**50**, and that death occurred at **4 AM.**, from the causes and on the date stated above.

23a. SIGNATURE H. Jensen	(Degree or title) no	23b. ADDRESS 207 Oak St Joseph, Mo	23c. DATE SIGNED 3-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-23-1950	24c. NAME OF CEMETERY OR CREMATORY MT. VERNON	24d. LOCATION (City, town, or county) (State) ATCHISON, KAN.
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DATE REC'D BY LOCAL REG. Mar 24, 1950	REGISTRAR'S SIGNATURE H. Jensen	25. FUNERAL DIRECTOR'S SIGNATURE She Stanton Mortuary	ADDRESS Atchison, Kan
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 5 1950

APR 5 1950

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.

Signed Wm S Stanton L.

Signed _____
Student Embalmer

Licensed Embalmer No. 3778

P. O. Address Albion, La

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.