

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1328

State File No.

FILED FEB 10 1951

308

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>25 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2817 LINWOOD BLVD.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2817 LINWOOD BLVD.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> | | b. (Middle) <u>EVERETT</u> | | c. (Last) <u>STEELE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-20-1951</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>FEB-15-1863</u> | |
| 9. AGE (In years last birthday) <u>87</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-21YRS-SUPT.</u> | | 11. BIRTHPLACE (State or foreign country) <u>OLEDO, ILLINOIS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>GLOYD BUILDING</u> | | 13a. FATHER'S NAME <u>JAMES STEELE</u> | | 13b. MOTHER'S MAIDEN NAME <u>JANE RICHMOND</u> | | 14. NAME OF HUSBAND OR WIFE <u>MRS. ANNA STEELE</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ANNA STEELE 2817 LINWOOD BLVD KANSAS CITY, MO.</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF PROSTATE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERAL ARTERIO-SCLEROSIS</u> DUE TO (c) <u>HEART BLOCK-HEART FAILURE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177A</u> | | | |
| 19a. DATE OF OPERATION <u>1949</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Cancer Prostate.</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>NONE</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>APRIL 11, 1940</u> , to <u>1-20, 1951</u> , that I last saw the deceased alive on <u>1-20, 1951</u> , and that death occurred at <u>10:10A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. A. Myers M.D.</u> | | | | 23b. ADDRESS <u>Kansas City Mo 1115 Grand Ave.</u> | | 23c. DATE SIGNED <u>1/21/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JAN-22-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>1-22-51</u> | | REGISTRAR'S SIGNATURE <u>Sheralding Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Neurocomis Sons</u> | | ADDRESS <u>1331-BRUSH CREEK KANSAS CITY, MO.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

Robert E. Huxon

Student Embalmer No. *394*

working under my personal supervision.

Student

Robert E. Huxon

Student Embalmer

Signed

John C. Fraking

Licensed Embalmer No. *4483*

P. O. Address. *Kansas City, 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.