

FILED JUN 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17550

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 170

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
SUCCESSFUL FUNERAL HOME

804

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1320 West 13th, Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1320 East 13th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1320 East 13th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVIN</u> b. (Middle) <u>AUBREY</u> c. (Last) <u>STEELE</u>			4. DATE OF DEATH <u>May 12, 1951</u> (Month) (Day) (Year)			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3, 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Line</u>		11. BIRTHPLACE (State or foreign country) <u>Syracuse, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>

13a. FATHER'S NAME <u>Aubrey D. Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy P. Bridges</u>		14. NAME OF HUSBAND OR WIFE <u>Jewell B. Steele</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>491-07-4965</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. L. Lacer, Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis with dependent edema</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from Feb 26, 1950, to May 12, 1951, that I last saw the deceased alive on May 12, 1951, and that death occurred at 4:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Gordon Beaufort, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>5-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 11, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse</u>	24d. LOCATION (City, town, or county) (State) <u>Syracuse, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 26, 1951</u>	REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. H. DeLoach</u>	ADDRESS <u>Sedalia, Mo</u>
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**RECEIVED** 5-31-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 5-31-51

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

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Dwight Hart*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.