

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38415**

FILED NOV 26 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY Grundy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Grundy

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Lup c. LENGTH OF STAY (In this place) 30 years

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 4 Trenton 0400

d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
(Type or Print) a. (First) CLARENE b. (Middle) C c. (Last) Steele

4. DATE OF DEATH (Month) (Day) (Year) Nov 14 1952

5. SEX 0 **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED 1 **8. DATE OF BIRTH** MARCH 17 1888

9. AGE (In years last birthday) 64 **IF UNDER 1 YEAR** Months 7 Days 27 **IF UNDER 1 HR.** Hours 0 Mins. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING **10b. KIND OF BUSINESS OR INDUSTRY** Agriculture **11. BIRTHPLACE** (City and State or Foreign Country) Grundy Co. Mo. 0 **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Charles Steele **13b. MOTHER'S MAIDEN NAME** Rosetta Dockery **14. NAME OF HUSBAND OR WIFE** Lydia MAY Harris Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — **16. SOCIAL SECURITY NO.** 425-18-4859 **17. INFORMANT'S SIGNATURE OR NAME** Lydia Steele **ADDRESS** RT 5 #4 Trenton Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
DUE TO (b) Arteriosclerotic Heart Disease

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** 4200 **20. AUTOPSY?** YES NO

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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from _____, 19____, to 11-14-, 1952, that I last saw the deceased alive on 11-14-, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. Fuson (Degree or title) MD **23b. ADDRESS** Trenton Mo **23c. DATE SIGNED** 11-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** Nov 18 1952 **24c. NAME OF CEMETERY OR CREMATORY** Shelburne cemetery **24d. LOCATION** (City, town, or county) (State) Route 4 Trenton, Mo.

DATE REC'D BY LOCAL REG. Nov 18, 1952 **REGISTRAR'S SIGNATURE** Jane Feiv **25. FUNERAL DIRECTOR'S SIGNATURE** Davis Blackmore **ADDRESS** Trenton, Mo

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

400
1

607
3
100

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. 454

working under my personal supervision.

Student Harold E. Roberts.....
Student Embalmer

Signed Jordan Blackman
Licensed Embalmer No. 4602

P. O. Address Leicester, 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.