

FILED MAY 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16416

BIRTH NO. _____ REG. DIST. NO. 152 PRIMARY REG. DIST. NO. 5582 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Jackson Twnshp		c. LENGTH OF STAY (in this place) 6 mos.	c. CITY OR TOWN Carthage
d. FULL NAME OF HOSPITAL OR INSTITUTION Fair Acres Nursing Home Route 4		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1032 Sycamore St 8497			
3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) BELLE c. (Last) STEELE		4. DATE OF DEATH (Month) (Day) (Year) May 6, 1954	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 5-1880
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (City and State or Foreign Country) Malcolm, Iowa
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY ---	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Frazier		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE William D. Steele
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Steele, 1737 Main, Carthage, Mo
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Coronary Thrombosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Coronary atherosclerosis 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 3-9, 1954, to 5-7, 1954, that I last saw the deceased alive on 5-7, 1954, and that death occurred at 1:55 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Grover S. Patterson MD		23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 5-8-54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 5-10-54	24c. NAME OF CEMETERY OR CREMATORY Toronto Cemetery	24d. LOCATION (City, town, or county) (State) Toronto, Kansas
DATE REC'D BY LOCAL REG. 5-10-54	REGISTRAR'S SIGNATURE Lloyd B. Clouston MD	25. FUNERAL DIRECTOR'S SIGNATURE Snell Mortuary, Carthage, Mo	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
10. 48
19 4

RECEIVED MAY 21 1954
Jasper County Health Office
County No. 54-5-8
Date MAY 21 1954

RECEIVED
Jasper County Health Office

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 O. L. Isbell Student Embalmer No. 500
working under my personal supervision..

Student *O. L. Isbell*
Signature of Student Embalmer

Signed *Frank W. Knecht*
Licensed Embalmer No. 4440

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.