

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26850

State File No.

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BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5646 Registrar's No. 1616

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Marionville Route 1		c. CITY OR TOWN Marionville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 years		e. STREET ADDRESS (If rural, give location) Route No. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION BUCK PRAIRIE TWP.			

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) Sidney	c. (Last) Steele	4. DATE OF DEATH (Month) (Day) (Year) August 14, 1955
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 18, 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours 27
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Marionville, RFD. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Robert M. Steele	13b. MOTHER'S MAIDEN NAME Mary Jane Estes	14. NAME OF HUSBAND OR WIFE Bess E. Steele
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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. 491-12-0611	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bess Steele, Marionville, R. M. 0
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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 8 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA - of - Lungs -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) Carcinoma of Rectum DUE TO (c) 154X		
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 Physical removal of Rectum & Colon - 1950.	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)
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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 July 1950, 1940, to April 1955, that I last saw the deceased alive on July 1955, and that death occurred at 6:00 P. M. m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Kopetti (Degree or title) 0 M.D.	23b. ADDRESS Marionville, Mo.	23c. DATE SIGNED 8-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.	24d. LOCATION (City, town, or county) (State) Marionville, Mo.
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DATE REC'D BY LOCAL REG. 8-16-1955	REGISTRAR'S SIGNATURE Orval Mc Natt 157	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Scarridge - Marionville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 19 1955

1955
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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..

Student.....
Signature of Student Embalmer

Signed *Herman Garridge*

Licensed Embalmer No. 307

P. O. Address *Marion*

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.