

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14243**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 63		
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Lincoln				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Elsberry		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital				STREET ADDRESS (If rural, give location) 409 South Seventh				
3. NAME OF DECEASED (Type or Print) a. (First) TULLY			b. (Middle) STEELE			c. (Last)		
4. DATE OF DEATH April 26 1956				4. DATE (Month) (Day) (Year)				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 4 1898		
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR 8 Months 22 Days		IF UNDER 2 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (City and State or Foreign Country) Elsberry, Mo.		
12. CITIZEN OF WHAT COUNTRY? US			13a. FATHER'S NAME Newton Steele		13b. MOTHER'S MAIDEN NAME Mary Ann Washington		14. NAME OF HUSBAND OR WIFE Osie Smith Steele	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 500 18 5894		17. INFORMANT'S SIGNATURE OR NAME Osie Steele, Elsberry, 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) COR. MYOCARDITIS					INTERVAL BETWEEN ONSET AND DEATH 1 year	
		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. BRONCHIAL ASTHMA					10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		4222		
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?				
22. I hereby certify that I attended the deceased from 1-1 , 1956, to 4-26 , 1956, that I last saw the deceased alive on 4-25 , 1956, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Elsberry, Mo.		23c. DATE SIGNED 4/27/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 29, 1956		24c. NAME OF CEMETERY OR CREMATORY City Colored Cemetery		24d. LOCATION (City, town, or county) (State) Elsberry Mo.		
DATE REC'D BY LOCAL REG. April 29, 1956		REGISTRAR'S SIGNATURE Gernese Collier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Elsberry, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

740

VS
MAR 11 1960

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.....


Licensed Embalmer No. 401

P. O. Address. Elberry

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.