

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1957

State File No. **34507**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 148		
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Marshall		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 Modern Rest Home 432 W. Russell				e. STREET ADDRESS (If rural, give location) 1072 S. Ellsworth 09120				
3. NAME OF DECEASED (Type or Print) a. (First) BENJAMEN b. (Middle) HALL c. (Last) STEEL			4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 23, 1865		
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister + Farmer			10b. KIND OF BUSINESS OR INDUSTRY Church + Farm		11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Benjamin Tate Steel			13b. MOTHER'S MAIDEN NAME Elijaheth Loomis		14. NAME OF HUSBAND OR WIFE Edith Mogen Steel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Steel ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart Disease 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.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 4200 YES <input type="checkbox"/> NO <input 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) (Min.) _____		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 June 10, 1957 , to Sept 27, 1957 , that I last saw the deceased alive on Sept 27, 1957 , and that death occurred at 6:23 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE James A. Reid MD (Degree or title)				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 9-28-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-1-1957		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		24d. LOCATION (City, town, or county) (State) Marshall Mo.		
DATE REC'D BY LOCAL REG. 9-30-57		REGISTRAR'S SIGNATURE Carl S. Reed		25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger ADDRESS Marshall, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Harry Hershberger*

Licensed Embalmer No. *435*

P. O. Address *Marshall,*

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.