

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34573

STATE FILE NUMBER

FILED OCT 1 1957 Registration District No. 347 Primary Registration District No. 6155 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hurley		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RESIDENCE OF INSTITUTION Fred Steele		d. STREET ADDRESS (If outside, give location) 620 new	
Length of stay in 1b 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) GEORGE THOMAS STEELE			4. DATE OF DEATH Sept. 8, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 2, 1868	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
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 country) Stone County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME William Steele			14. MOTHER'S MAIDEN NAME Lucinda Beattie		
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 Fred Steele, Hurley, Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Block		INTERVAL BETWEEN ONSET AND DEATH 1 day 5-70
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery disease		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1916 to Sept 1957 and last saw him alive on 6-1-1957 Death occurred at 7:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated:		
22a. SIGNATURE [Signature]	22b. ADDRESS [Address]	22c. DATE SIGNED 13/2/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/11/1957	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	23d. LOCATION (City, town, or county) (State) Marionville, Missouri
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24. FUNERAL DIRECTOR Harris Funeral Home, Clever, Mo.	25. DATE RECD. BY LOCAL REG. Sept-16-1957	26. REGISTRAR'S SIGNATURE Mrs. G. Elmer Brosseau
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(Licensed Embalmer's Statement on Reverse Side) **[Signature]**

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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DEC 12 1957

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.....
J. Dean Harmi

Licensed Embalmer No. 43

P. O. Address. *Cleveland,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.