

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32661-58

58-017320
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 240

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1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin 0495 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY Hospital		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) 1714 Jackson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last TERRIE JEAN STEELE			4. DATE OF DEATH Month Day Year 5 28 58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-24-59
9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME LONNIE STEELE	
13b. MOTHER'S MAIDEN NAME BEVERLY JEAN ALLEN		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT Lonnie Steele (father) Address Joplin, Mo 1714 Jackson
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumothorax			INTERVAL BETWEEN ONSET AND DEATH. From birth to death
DUE TO (b) Postoperative complication For esophageal			death
DUE TO (c) atresia and tracheo-esophageal fistula			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastric Juice Leakage into chest			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 7562	
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 checked="" 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 5/25/58 to 5/28/58 and last saw her/him alive on 5/28/58 Death occurred at 7:15 5/28/58 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Helen M. Warches M.D. (Degree or title)		22b. ADDRESS University Hospital, Columbia, Mo Dept of Ped	22c. DATE SIGNED 5/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE MAY 31, 1958	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL CEM.	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR Garrett Funeral Service, Columbia Mo		25. DATE RECD. BY LOCAL REG. May 29 1958	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part I must be causally related.

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. 5010.....

P. O. Address *Columbus, Va*

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.