

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035809
STATE FILE NUMBER

S. 300
V. 1-57

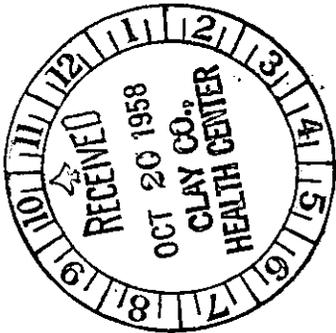
OCT 27 1958 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City, Missouri</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>506 400 Woodland Drive North</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>WARREN</u> Last <u>Steele</u>		4. DATE OF DEATH Month <u>10</u> Day <u>12</u> Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-22-86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAUNDRY SUPPLY MANUFACTURER</u>		11. BIRTHPLACE (City and state or country) <u>Mexia, Texas</u>	
13a. FATHER'S NAME <u>JAMES W. STEELE SR.</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET STEELE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-05-2023</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia RT</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Lung left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Week</u>	
DUE TO (c) _____		163X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>April 1957</u> to <u>Oct 1957</u> and last saw ^{her} him alive on <u>10-12-58</u> Death occurred at <u>12:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. M. W. Steele</u>		22b. ADDRESS <u>329 Erwin Ave KC Mo</u>	
22c. DATE SIGNED <u>10-12-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>10-14-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM</u>	
23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>		24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer Sons M.K.C.</u>	
25. DATE RECD. BY LOCAL REG. <u>10-13-58</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

Dr. Hodge



OCT 8 3

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 *Glen S. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. Mo*

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.