

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046865
STATE FILE NUMBER

FILED DEC 16 1958 Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 44

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, give TOWNSHIP only) OR TOWN Slater		c. CITY OR TOWN Slater ^{c976}	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 721 N. Elm		d. STREET ADDRESS (If outside, give location) 721 N. Elm	
3. NAME OF DECEASED (Type or print) First Janet Middle Laird Last Steele		4. DATE OF DEATH Month Dec. Day 9 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Essex Ontario Canada
13a. FATHER'S NAME James Laird		13b. MOTHER'S MAIDEN NAME D K	14. NAME OF HUSBAND OR WIFE Charles D. Steele
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address Mrs. Roger Haynie, Slater, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis & Decomensation			5 years
DUE TO (c) Arteriosclerosis, generalized			10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 May 1950 to Dec. 9, 1958 and last saw her alive on Dec. 3, 1958 Death occurred at 8:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. A. McBurney, M.D. (Degree or title)		22b. ADDRESS Slater, Mo.	
		22c. DATE SIGNED 12-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/12/58	
23c. NAME OF CEMETERY OR CREMATORY Slater		23d. LOCATION (City, town, or county) (State) Slater, Missouri	
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.		25. DATE RECD. BY LOCAL REG. 12-13-58	
		26. REGISTRAR'S SIGNATURE Mrs. Earl C. Metz	

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C.A. McBurney
 In Part I must be causally related.
 Every cause must use only standard nomenclature in Item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 *Walter J. Harris, Jr.*

Licensed Embalmer No. *4557*

P. O. Address *Slater, Md.*

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.