

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

59-029930

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Creek</u>		Length of stay in 1b		c. CITY OR TOWN <u>Dupo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 160</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Muskopf Place</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Robert Mitchell Steele</u> First Middle Last				4. DATE OF DEATH <u>9-5-1959</u> Month Day Year						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-5-1926</u>	9. AGE (last birthday) <u>33</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE MAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>D.P. Leuce Dist</u>		11. BIRTHPLACE (City and state or country) <u>Paragould, Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Bryant Steele</u>			13b. MOTHER'S MAIDEN NAME <u>Otha Taylor</u>			14. NAME OF HUSBAND OR WIFE <u>U.S.A.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) <u>Yes</u> <u>W.W.II</u>			16. SOCIAL SECURITY NO. <u>356-16-6208</u>		17. INFORMANT <u>Raymond Barker, Dupo Ill.</u> Address					
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>Skull Fractures</u> DUE TO (b) <u>Crushed Chest</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Car Wreck</u>							
20c. TIME OF INJURY <u>2:15 p.m.</u> Hour Month, Day, Year <u>9-5-59</u>	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.) <u>Hiway 160</u>		20f. CITY, TOWN, OR LOCATION <u>Big Creek Twp</u>		COUNTY <u>Ozark</u>		STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>John R. Chuey Coomer</u> (Degree or title)				22b. ADDRESS <u>Samsville Mo.</u>				22c. DATE SIGNED <u>9-6-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-6-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Palmer Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Monroe Co. Illinois</u>					
24. FUNERAL DIRECTOR <u>Glinkingbeard, Gainesville, Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>9-12-59</u>		26. REGISTRAR'S SIGNATURE <u>Thara Mahan</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 16 1959

SEP 23 1959

OCT 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John P. Clary
Licensed Embalmer No. 4885

P. O. Address Cambridge

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