

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10483

State File No.

2308

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2 da.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Louise</u> c. (Last) <u>Nottingham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 12 '49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan 6th 1935</u>
9. AGE (In years last birthday) <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Girl</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ora Nottingham</u>		13b. MOTHER'S MAIDEN NAME <u>Cecile Labbee</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Cecile Nottingham, De Soto, Mo.</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subsidiary Congestion</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute Nephritis</u> DUE TO (c) <u>Pregnancy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:45 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank E. Taylor</u> (Degree or title) _____		23b. ADDRESS <u>300 Clark</u>	
23c. DATE SIGNED <u>3-14-49</u>		24a. BURIAL CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>3-15-'49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mothershead</u> ADDRESS <u>De Soto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 14 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

APR 2 1945

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 _____

Andrew H. England

Student Embalmer No. *232*

working under my personal supervision.

Student
Student Embalmer

Signed

J. Lee Mathershead

Licensed Embalmer No. *3531*

P. O. Address *W. Sato, 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 this body is not embalmed, fact should be so stated above.