

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29868

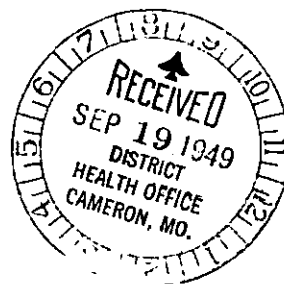
State File No.

FILED SEP 26 1949

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Generty</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cooper</u> c. LENGTH OF STAY (In this place) <u>3</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>F</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Generty</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Stanherry</u> d. STREET ADDRESS (If rural, give location) <u>West of Stanberry, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>St. John</u> c. (Last) <u>St. John</u>		DATE OF DEATH (Month) <u>Sept</u> (Day) <u>12</u> (Year) <u>49</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 23-1875</u> 9. AGE (In years last birthday) <u>74</u> if UNDER 1 YEAR Months <u>3</u> Days <u>18</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Winthrop, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Steven St. John</u>		13b. MOTHER'S MAIDEN NAME <u>Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Edna St. John</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Fred St. John</u>		ADDRESS <u></u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhagic Infarction of lungs</u> DUE TO (c) <u>if lungs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>465X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>		22. I hereby certify that I attended the deceased from <u>9/7</u> , 19 <u>49</u> , to <u>9/12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/12</u> , 19 <u>49</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>Paul C. Minneman</u> (Degree or title) <u>MD</u>	
23b. ADDRESS <u>Stanberry Mo</u>		23c. DATE SIGNED <u>9/14/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 14-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maund City</u>		24d. LOCATION (City, town, or county) (State) <u>Maund City, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith Childers</u>		ADDRESS <u>Albany Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Chas. B. Burke

Licensed Embalmer No. 3329

P. O. Address Albany 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.