

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18242  
State File No. 18242  
Registral's No. 4595

BIRTH NO. 30589-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN)			b. COUNTY		
c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First)			b. (Middle)		c. (Last)
4. DATE OF DEATH			5. DATE OF BIRTH		
6. COLOR OR RACE			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. AGE (In years last birthday)
9. SEX			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY
11a. FATHER'S NAME			11b. MOTHER'S MAIDEN NAME		11c. NAME OF HUSBAND OR WIFE
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			12. SOCIAL SECURITY NO.		13. INFORMANT'S SIGNATURE OR NAME
14. CAUSE OF DEATH			14. MEDICAL CERTIFICATION		
15. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			16. INTERVAL BETWEEN ONSET AND DEATH		
17. ANTECEDENT CAUSES			17. OTHER SIGNIFICANT CONDITIONS		
18. DATE OF OPERATION			18. MAJOR FINDINGS OF OPERATION		
19. ACCIDENT SUICIDE HOMICIDE (Specify)			19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		19. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
20. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. HOW DID INJURY OCCUR?
21. I hereby certify that I attended the deceased from 5-19, 1950, to 5-23, 1950, that I last saw the deceased alive on 5:00 PM 5-22-1950, and that death occurred at 1:30 AM, from the causes and on the date stated above.					
22. SIGNATURE			22. ADDRESS		22. DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (Specify)		23. DATE		23. NAME OF CEMETERY OR CREMATORY	
23. LOCATION (City, town, or county) (State)		23. DATE		23. NAME OF CEMETERY OR CREMATORY	
24. DATE REC'D BY LOCAL REG.			24. REGISTRAR'S SIGNATURE		
24. FUNERAL DIRECTOR'S SIGNATURE			24. ADDRESS		

**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 .....  
Student Embalmer

Signed Walter G. Burnley \_\_\_\_\_

Licensed Embalmer No. 42230 \_\_\_\_\_

P. O. Address St Louis 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.