No. 300
10-48

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21679

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5836

31

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3615 Market

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr. Louis 2219
d. STREET ADDRESS (If rural, give location) 3124 Lucas 6

3. NAME OF DECEASED (Type or Print) a. (First) John Wesley b. (Middle) Forday c. (Last)

4. DATE OF DEATH (Month) 5 (Day) 30 (Year) 50

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unk 9
8. DATE OF BIRTH Abt 1884
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk
10b. KIND OF BUSINESS OR INDUSTRY Unk
11. BIRTHPLACE (State or foreign country) Unk 9
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service) Unk
16. SOCIAL SECURITY NO. Unk
17. INFORMANT'S SIGNATURE OR NAME Patrick E. Taylor 3100 Clark 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3° Burns 90% of Body Suffered — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Burned in fire in Bldg. being wrecked
DUE TO (c) at 3615 Market Dr origin of fire Unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. at 807 P.M. May 30, 1950

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Damage to Building 200.00
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3615 Market
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dr Louis Mo

21d. TIME OF INJURY (Month) 6 (Day) 30 (Year) 50 (Hour) 807 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fire E9178

22. *I hereby certify that I attended the deceased from* _____ *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 807 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Patrick E Taylor Cor 3 (Degree or title)
23b. ADDRESS 3100 Clark
23c. DATE SIGNED 7.5.50.

24a. BURIAL, CREMATION, REMOVAL (Specify) C
24b. DATE 7-6-50
24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY
24d. LOCATION (City, town, or county) (State).

DATE REC'D BY LOCAL REG. JUL 6 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Peoples Med Co. ADDRESS 3100 Franklin

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.