

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35142

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8983

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____		
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>28 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hurst</u>		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LON</u> b. (Middle) _____ c. (Last) <u>MIZE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 21 1950</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>Nov. 20, 1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____
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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Pulaski Co., Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Hiram Mize</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Rosie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Mize, Granite City, Ill.</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERITONITIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RUPTURED CECUM</u>			1. mo		
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>10/4/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Perforated cecum with peritonitis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>530.1</u>			
22. I hereby certify that I attended the deceased from <u>SEPT 23</u> , 19 <u>50</u> , to <u>OCT 21</u> , 1950, that I last saw the deceased alive on <u>OCT 21</u> , 1950, and that death occurred at <u>10pm</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. L. Vermillion, M.D.</u>			23b. ADDRESS <u>600 S. KINGSHIGHWAY</u>		23c. DATE SIGNED <u>10/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blairsville</u>	24d. LOCATION (City, town, or county) (State) <u>Williamson, Co., Ill.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 23 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed..... *Elmer R. Edwards*

Signed.....  
Student Embalmer

Licensed Embalmer No. 407

P. O. Address.....

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

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