

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35809

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2311

4000

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) AFTON		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 3669 Shenandoah	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Miller Nursing Home		17 _____	
3. NAME OF DECEASED a. (First) Samuel		b. (Middle) S	
c. (Last) Southworth		4. DATE OF DEATH (Month) (Day) (Year) 9 - 26 - 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1849
9. AGE (In years last birthday) 100		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) New Haven, Missouri	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Thomas Southworth	
13b. MOTHER'S MAIDEN NAME Buzan		14. NAME OF HUSBAND OR WIFE May Southworth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Mc Cane		ADDRESS 1324 Mc Cutchan	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart and Kidney Disease		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4112Y	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		1 Yr.	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		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 8/20/50 , 19 50 , to Sept. 26 , 19 50 , that I last saw the deceased alive on Sept. 25 , 19 50 , and that death occurred at 11:30m. , from the causes and on the date stated above.	
23a. SIGNATURE W. N. Walter M.D.		23b. ADDRESS 3608 S. Grand Blvd.	
23c. DATE SIGNED 9/27/50		24. BURL. CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept 28 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Jerseyville, Illinois		24e. DATE REC'D BY LOCAL REG. 9-27-50	
REGISTRAR'S SIGNATURE Herbert R Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros.	
ADDRESS 2201 So. Grand			

3688 & Howard

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

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.