S. No. 300
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FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39240

BIRTH NO. [illegible] REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2806

+002
3

1. PLACE OF DEATH
a. COUNTY St. Louis Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) Don A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Butler 0071
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Janie b. (Middle) c. (Last) Missner

4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1950

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH May 2, 1876
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months 5 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid
10b. KIND OF BUSINESS OR INDUSTRY Housemaid
11. BIRTHPLACE (State or foreign country) Harrisonville Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John Bedaman
13b. MOTHER'S MAIDEN NAME Margaret Brown
14. NAME OF HUSBAND OR WIFE Dave Missner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Mammie Harper ADDRESS Butler Mo

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) Myocardial [illegible] — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. +22

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 15, 1950, *to* Nov. 19, 1950, *that I last saw the deceased alive on* Nov. 17, 1950, *and that death occurred at* 840 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. S. Wirth M.D.O.
23b. ADDRESS Richmond Mo
23c. DATE SIGNED 11-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal
24b. DATE 11-22-50
24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetary
24d. LOCATION (City, town, or county) Butler (State) Mo.

DATE REC'D BY LOCAL REG. 11/21/50
REGISTRAR'S SIGNATURE Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE John W. Hemphill ADDRESS 408 S. Fillmore Ave Kirkwood 22. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 14 1957

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.....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. [illegible]

P. O. Address 408 S. Filmore

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.