

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6234

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1960

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). STATE MO | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alexandria 0230 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital | | d. STREET ADDRESS (If rural, give location) 1 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Jane b. (Middle) Marie c. (Last) Hughes | 4. DATE OF DEATH (Month) (Day) (Year) 2 24 51 |
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|--------------|---------------------------|--|-----------------------------|--------------------------------------|--|---|-----------------------------------|
| 5. SEX F1 | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9-12-46 | 9. AGE (In years last birthday) 4 yr | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 11. BIRTHPLACE (State or foreign country) Keokuk, Iowa | 12. CITIZEN OF WHAT COUNTRY? 1 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) Keokuk, Iowa | 12. CITIZEN OF WHAT COUNTRY? 1 |
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| 13a. FATHER'S NAME Herald Hughes | 13b. MOTHER'S MAIDEN NAME Marie Kim | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 12 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postoperative shock | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION 2-23-51 | 19b. MAJOR FINDINGS OF OPERATION Skin graft of right areas for whole personal | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|---|--|------------------------------------|
| 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? 7/6X |
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22. I hereby certify that I attended the deceased from 2-22, 1951, to 2-24, 1951, that I last saw the deceased alive on 2-24, 1951, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Wm G Klingberg | 23b. ADDRESS MO St. Louis Children's Hospital | 23c. DATE SIGNED 2-24-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 2-27-51 | 24c. NAME OF CEMETERY OR CREMATORY Alexandria | 24d. LOCATION (City, town, or county) (State) MO |
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| DATE REC'D BY LOCAL REG FEB 26 1951 | REGISTRAR'S SIGNATURE J. [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 30 1951

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 *Ronald O. Yarbuck*.....

Licensed Embalmer No. *3114*.....

P. O. Address *St Louis 10 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.