

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1605

6777

318

1003

Registrar's No.

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO.   |  | REG. DIST. NO.   |  | PRIMARY REG. DIST. NO.  |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)  |  | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)                              |  | COUNTY  |  |
| d. FULL NAME (If not at hospital or institution, give street address or location)   |  |  |  | d. STREET ADDRESS (If rural, give location)   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First)   |  | b. (Middle)   |  | c. (Last)   |  |
| 4. DATE OF DEATH  |  | (Month)  |  | (Day)   |  | (Year)  |  |
| 5. SEX  |  | 6. COLOR OR RACE   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  |  | 8. DATE OF BIRTH  |  |
| 9. AGE (In years last birthday)   |  | IF UNDER 1 YEAR  |  | IF UNDER 1 YEAR   |  | IF UNDER 1 YEAR   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)   |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13a. FATHER'S NAME  |  | 13b. MOTHER'S MAIDEN NAME  |  | 14. NAME OF HUSBAND OR WIFE   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch of service)  |  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE OR NAME   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  |  | II. OTHER SIGNIFICANT CONDITIONS*<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) (Min.)  |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 22a. SIGNATURE (Degree or title)  |  |  |  | 22b. ADDRESS  |  | 22c. DATE SIGNED  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE  |  | 24c. NAME OF CEMETERY OR CREMATORY  |  | 24d. LOCATION (City, town, or county) (State)                                       |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   |  | 25. FUNERAL DIRECTOR'S SIGNATURE   |  | ADDRESS   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

*Mel*

**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 *Edgar H. Green*

Licensed Embalmer No. *4521*

P. O. Address *3512 Lasalle*

**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.