

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2471  
10218

318  
1003

|   |  |  |                           |  |                             |  |                              |                                  |  |
|---|--|--|---------------------------|--|-----------------------------|--|------------------------------|----------------------------------|--|
| 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)<br>OR TOWN   |  | c. LENGTH OF STAY (in this place)  |                           | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN  |                             | b. COUNTY  |                              |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |                           | H. STREET ADDRESS (If rural, give location)  |                             |  |                              |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First)   |                           | b. (Middle)  |                             | c. (Last)  |                              |                                  |  |
| 5. SEX  |  | 6. COLOR OR RACE   |                           | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   |                             | 4. DATE OF DEATH (Month) (Day) (Year)  |                              |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |                           | 8. DATE OF BIRTH   |                             | 9. AGE (In years last birthday) (Month) (Day) (Year) (Hours) (Min.)              |                              |                                  |  |
| 13a. FATHER'S NAME  |  |  | 13b. MOTHER'S MAIDEN NAME |  | 14. NAME OF HUSBAND OR WIFE |  | 12. CITIZEN OF WHAT COUNTRY? |                                  |  |
| 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.  |                           | I. INFORMANT'S SIGNATURE OR NAME ADDRESS   |                             |  |                              |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death. |                             |  |                              | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |                           |  |                             | 20. AUTOPSY? 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 _____ 326 P.M., from the causes and on the date stated above. |  |  |                           |  |                             |  |                              |                                  |  |
| 23a. SIGNATURE (Degree or title)  |  |  |                           | 23b. ADDRESS   |                             | 23c. 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 REG.  |  | REGISTRAR'S SIGNATURE  |                           | 24. FUNERAL/DIRECTOR'S SIGNATURE ADDRESS   |                             |  |                              |                                  |  |

WRITE PLAINLY—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

*Leroy W. Bannister*

Signed.....

Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Eactor Ave

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.