

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29191**

5970
2

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

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 167

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | c. LENGTH OF STAY (in this place) <u>40-2-23</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis City 2069</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u> | | d. STREET ADDRESS (If rural, give location) <u>Christian Academy</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> b. (Middle) _____ c. (Last) <u>Black</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 2 1951</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Apr 1 1899</u> |
| 9. AGE (In years last birthday) <u>52</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Mt. Carmel Ill</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
| 13a. FATHER'S NAME <u>no record</u> | | 13b. MOTHER'S MAIDEN NAME <u>no record</u> | 14. NAME OF HUSBAND OR WIFE <u>never married</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mo State School</u> ADDRESS <u>Mo State School</u> |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u> ANTECEDENT CAUSES DUE TO (b) <u>Epilepsy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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 <u>3533</u> | |
| 20. AUTOPSY? YES <input 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 <u>Nov 1950</u> to <u>Sept 1951</u> , that I last saw the deceased alive on <u>Sept 2, 1951</u> , and that death occurred at <u>7:40 AM</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>C. E. Saline M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Marshall Mo</u> | 23c. DATE SIGNED <u>9-3-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to</u> | 24b. DATE <u>9/4/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Dept. Columbia, Missouri</u> | 24d. LOCATION (City, town, or county) (State) |
| DATE REC'D BY LOCAL REG <u>Sept. 4-1951</u> | REGISTRAR'S SIGNATURE <u>Budney F. Gray</u> 385 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lealie Purroy - Marshall Mo</u> ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-10-51 _____

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.

Signed _____
Student Embalmer

Signed *J. Leslie Surrusq* _____

Licensed Embalmer No. *3235* _____

P. O. Address *Marshall, W. Va.* _____

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.