

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7338**
1249

FILED FEB 25 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003** Registrar's No. **1249**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Chesterfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)			
		Ollie		Thomas			
		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)			
		Baze		1 31 53			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH March 26, 1900		9. AGE (In years last birthday) 52		10. IF UNDER 1 YEAR Months Days Hours Mts.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Boonville, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Baze		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Madelene		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Madelene Baze, Chesterfield, Ill.		18. ADDRESS					
19. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma c metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage, Jaundice 2° to above				INTERVAL BETWEEN ONSET AND DEATH 4 month 3 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Lymphosarcoma stomach c metastases Regional nodes					
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? 2001		22. I hereby certify that I attended the deceased from Jan 9 1953 , to Jan. 31, 1953 , that I last saw the deceased alive on Jan. 31, 1953 , and that death occurred at 1:00 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE H. Kouda		(Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL			
23c. DATE SIGNED 1/31/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1951-53			
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Patterson, Ill.					
DATE REC'D BY LOCAL HEALTH DEPT. FEB 2 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe			
		ADDRESS 4700 Washington Blvd					

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

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed _____

John J. Haines
Licensed Embalmer No. 4108

P. O. Address _____

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.