

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8357**

FILED MAR 4 - 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **630**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. LENGTH OF STAY (in this place) 16 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose Sanatorium		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morley	
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Ella c. (Last) Stallings		d. STREET ADDRESS (If rural, give location) R.F.D. #1	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1953	5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 30, 1887	9. AGE (In years last birthday) 65	10. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Morley, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Thomas E. Tomlinson	13b. MOTHER'S MAIDEN NAME Eugenia Harris	14. NAME OF HUSBAND OR WIFE Charles A. Stallings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eloise Dixon, 8720 Clifton Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input checked="" 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?	
22. I hereby certify that I attended the deceased from 10-23, 1951 , to 2-24, 1953 that I last saw the deceased alive on 2-23, 1953 and that death occurred at 7:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul Wimpsey M.D. (Degree or title)		23b. ADDRESS 508 N. Grand	23c. DATE SIGNED 10-24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/24/53	24c. NAME OF CEMETERY OR CREMATORY Morley, Mo.	24d. LOCATION (City, town, or county) (State) Morley, Missouri
DATE REC'D BY LOCAL REG. 2-24-53	REGISTRAR'S SIGNATURE Herkut R. Danks - M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. C.O., 3710 N. Grand Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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

Lu
6717

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

John B. Binkley

Signed _____

Student Embalmer

Licensed Embalmer No. *3653*

P. O. Address *St Louis 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.