

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 18 1953

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State File No. 15574

Registrar's No. 3536

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Union		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Alto Pass		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Incarnate Word Hospital			e. STREET ADDRESS (If rural, give location) 8120		
3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) ALICE c. (Last) CLUTTS			4. DATE OF DEATH (Month) (Day) (Year) Apr. 2, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4/23/1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY #####	11. BIRTHPLACE (City and State or Foreign Country) Union County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME E. Hancock		13b. MOTHER'S MAIDEN NAME Susan E. Gregory		14. NAME OF HUSBAND OR WIFE Frank Clutts	
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 ADDRESS Mrs Mildred Zahner, Florissant, Mo.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia (pneumococci) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis & heart failure DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes audosis				INTERVAL BETWEEN ONSET AND DEATH 3 days 3 wks yrs
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? 260X			
22. I hereby certify that I attended the deceased from 3/31, 1953, to 4/2, 1953, that I last saw the deceased alive on 4-2, 1953, and that death occurred at 6:28 A.M., from the causes and on the date stated above.					
23a. SIGNATURE M. F. Mistachkin MD			23b. ADDRESS 3903 Olive St		23c. DATE SIGNED 4/3/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/5/53	24c. NAME OF CEMETERY OR CREMATORY Alto Pass Cemetery	24d. LOCATION (City, town, or county) (State) Alto Pass Illinois		
DATE REC'D BY LOCAL APR 3 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel Ferguson, Mo.	

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 #####
Signature of Student Embalmer

Signed Elena Province

Licensed Embalmer No. 3403

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.