

27231

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

V.5. No. 300
Rev. 10.48

FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2041

4801

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</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>ST. ANNS</u>		c. CITY OR TOWN <u>ST. ANNS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 YR.</u>		e. STREET ADDRESS (If rural, give location) <u>577-F. CYPRESS LANE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>577-F. CYPRESS LANE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 23 1953</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 15, 1902</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLN Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>CALVIN CROUCH</u>	13b. MOTHER'S MAIDEN NAME <u>PACA LEE TAYLOR</u>	14. NAME OF HUSBAND OR WIFE <u>DELMAR</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DELMAR CAMPBELL</u>	ADDRESS <u>577-F. CYPRESS</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cocciemia of Cervix uteri</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7-2-1953</u> <u>5 AM</u> <u>15 AM</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endo Cervix</u> DUE TO (c) <u>Loc Cervix</u>		
	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 <u>Cocciemia of cervix of with mites</u>	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) (Minute)	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 7-20-53 to 7-24-53, 1953, and that death occurred at 7:20 P.M., from the causes and on the day stated above.

23a. SIGNATURE <u>Maxine J. Flaser M.D.</u> (Degree or title)	23b. ADDRESS <u>506 Olive St.</u>	23c. DATE SIGNED <u>7-25-53</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 27 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>NORMANDY MO</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7-26-53</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Dunbar - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banman Bros Inc</u> ADDRESS <u>2504 Woodson Rd Overland</u>
---	--	---

(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

Signature *David C. Gibson*

Licensed Embalmer No. *3404*

P. O. Address *Portland, Vt*

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.