

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30300

State File No.

FILED AUG 31 1953

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 7558

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7558					
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 township) OR TOWN <i>St. Louis</i>				c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>				2179 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4051 Lafayette Ave. 17</i>				d. STREET ADDRESS (If rural, give location) <i>4051 Lafayette Ave.</i>							
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)			
<i>Mary</i>		<i>Elizabeth</i>		<i>Offill</i>				<i>Aug. 1st 1953</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	10. MONTH	11. DAY	12. HOUR		
		<i>Widowed</i>		<i>June 29, 1864</i>		<i>89</i>	<i>1</i>	<i>3</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <i>Lebanon Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>1</i>			
13a. FATHER'S NAME <i>M. J. Miller</i>			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE <i>Walter H. Offill</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Joseph North</i>						ADDRESS <i>4171 Flad Ave.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				19. INTERVAL BETWEEN ONSET AND DEATH			
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) <i>Chronic atrophic Myocarditis</i>				<i>1 year</i>			
				ANTECEDENT CAUSES							
				DUE TO (b) <i>Senile changes, arterio-sclerotic</i>							
				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 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)						
					<i>422.1</i>						
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>8 P.</i> m., from the causes and on the date stated above.											
23a. SIGNATURE <i>Paul Vinyard M.D.</i>				23b. ADDRESS <i>3718A Olive St.</i>				23c. DATE SIGNED <i>8-2-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Aug. 4th 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Ashley Memorial Cem. Ashley Ill.</i>		24d. LOCATION (City, town, or county) (State) <i>Ashley Ill.</i>					
DATE REC'D BY LOCAL REG. <i>AUG 3 1953</i>		REGISTRAR'S SIGNATURE <i>Paul Smith M.D. Bull</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>Campbell Mortuary</i>				ADDRESS <i>5165 Del...</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING INK ONLY

36.

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

Rex E Campbell

Licensed Embalmer No. *13881*

P. O. Address *St Louis 8 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.