

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

34481

State File No. ....

FILED OCT 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 1544 Registrar's No. 2270

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>ST. LOUIS</u>		a. STATE <u>MISSOURI</u>	b. COUNTY <u>2227</u>
b. CITY OR TOWN <u>KIRKWOOD</u>	c. LENGTH OF STAY (in this place) <u>35 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OZARK NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>1437 RUTGER LANE</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <u>JOHN</u>	b. (Middle) <u>H.</u>	c. (Last) <u>MISPLAY</u>	<u>AUG. 20, 1953</u>

<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>NOV. 21, 1869</u>	<b>9. AGE</b> (In years last birthday) <u>83</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 HR.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>RETIRED FOREMAN</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>AM. CAR &amp; FDRY CO.</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>MODOC ILLINOIS</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>LLOYD MISPLAY</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>THERESA HORRELL</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>FLORA CARROLL MISPLAY</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>487-18-0718</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>G. K. Misplay</u>	<b>ADDRESS</b> <u>310 Edgar Rd. Webster Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Appendicitis, Chronic</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 yrs?</u>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>unknown</u>		
	DUE TO (c) <u>unknown</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4222</u>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from 1 Nov., 1952, to 20 Aug., 1953, that I last saw the deceased alive on 20 Aug., 1953, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>G. K. Misplay M.D.</u>	<b>23b. ADDRESS</b> <u>10424 E. Manchester Rd. Kirkwood, Mo.</u>	<b>23c. DATE SIGNED</b> <u>8-20-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL VIA MOTOR</u>	<b>24b. DATE</b> <u>8-21-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST. JOSEPH CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>PRAIRIE DU ROCHER ILL.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>8-20-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Hester R. Dooly - 1414</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>MITTELBERG FUNERAL HOME, INC</u>	<b>ADDRESS</b> <u>73 W. LOCKWOOD AVE WEB. MO.</u>
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(Licensee, Embalmer's Statement on Reverse Side)

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

4003  
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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 *J. Wm. Bunkley*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis*

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.