

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37819**
Registrar's No. **1599**

BIRTH NO. _____		REG. DIST. NO. 307		PRIMARY REG. DIST. NO. 047		Registrar's No. 1599	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY OR TOWN CORSO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL				e. STREET ADDRESS (If rural, give location) RURAL ROUTE 0570			
3. NAME OF DECEASED (Type or Print) a. (First) WALLACE			b. (Middle) ANTHONY		c. (Last) MUDD		4. DATE OF DEATH (Month) (Day) (Year) 9-29-53
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 12-24-1900	9. AGE (In years last birthday) 52	10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad car insp.		10b. KIND OF BUSINESS OR INDUSTRY railroad		11. BIRTHPLACE (City and State or Foreign Country) Corso Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sterling Mudd			13b. MOTHER'S MAIDEN NAME Mary Ensor		14. NAME OF HUSBAND OR WIFE none		
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 Wayne McCoy, Troy, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Oesophagus 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.				INTERVAL BETWEEN ONSET AND DEATH uncl. 150X	
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 June , 19 53 to 9/29/53 , 19____, that I last saw the deceased alive on 9/29 , 19 53 , and that death occurred at 5 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Wesley J. ...				23b. ADDRESS M.D. 916 Douglas Ave. Troy, Mo.		23c. DATE SIGNED 10/2/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-30-53		24c. NAME OF CEMETERY OR CREMATORY Mc Coy Funeral Home, Troy, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 10/6/53		REGISTRAR'S SIGNATURE Wesley J. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCoy Funeral Home, Troy, Mo			

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

1951 2 F. 17

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.....
Licensed Embalmer No. 436
P. O. Address.....

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.