

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41169

FILED DEC 14 1953

State File No.

11576

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY _____				
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 Dupo, Ill.		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 Massori Pacific Hospital				e. STREET ADDRESS (If rural, give location) 1616 N. 2nd.				
3. NAME OF DECEASED (Type or Print) a. (First) Thelma b. (Middle) Vesta c. (Last) Sims			4. DATE OF DEATH (Month) (Day) (Year) Dec 7-1953					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH March 4/1902		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Thomas Mitchner		13b. MOTHER'S MAIDEN NAME Flora Unk.		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Garnis deWalle Jr. Sr. in Charge. Mo. Pac. Hwy.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO bowel obstruction with gangrene of its wall 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					ADDRESS Mo. Pac. Hwy.	INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 12/6/53		19b. MAJOR FINDINGS OF OPERATION Vol vlvus with gangrenous bowel.				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)		21f. HOW DID INJURY OCCUR? 5703		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from 12-5 , 19 53 , to 12-7 , 19 53 , that I last saw the deceased alive on 12-6 , 19 53 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Ronald W. Smith M.D.				23b. ADDRESS 1755 So Grand		23c. DATE SIGNED 12-7-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-8-1953	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Popular Bluff, Missouri			
DATE REC'D BY LOCAL REG. DEC 7 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Missouri				

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

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

L. P. Craper

Licensed Embalmer No. *3637*

P. O. Address *3317 Ryland*

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.