

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6148

State File No.

1563

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		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 town) OR TOWN St. Lukes Hosp.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Nokomis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, Mo.		e. STREET ADDRESS (If rural, give location) 521 Young st. 81208					
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) JANE		c. (Last) FABULO			
4. DATE OF DEATH 2-14-54		5. SEX female		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5-13-1910		9. AGE (In years last birthday) 43			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Strong		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Paul Fabulo			
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 Paul Fabulo, Nokomis, Ill.			
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) Myelogenous leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Thrombocytopenia with anemia and multiple hemorrhages II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years 2 months	
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)		21f. HOW DID INJURY OCCUR? 2041	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 February, 1952 to 14 Feb., 1954, that I last saw the deceased alive on 14 Feb., 1954, and that death occurred at 8:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph Edwards M.D.				23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 2-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2-16-54		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Nokomis, Ill.	
DATE REC'D BY LOCAL REG. FEB 17 1954		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAVIS F.H., NOKOMIS, ILL.			

(Licensed Embalmer's Statement on Reverse Side)

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..... *Gas Embalmed*
W. C. C. C.
Licensed Embalmer No.....

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.