

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17464**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1136**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 4 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Heimden		0370			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			d. STREET ADDRESS (If rural, give location) Rt. 1					
3. NAME OF DECEASED (Type or Print) a. (First) Dennis b. (Middle) Dean c. (Last) Tune			4. DATE OF DEATH (Month) (Day) (Year) May 15 1954					
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH January 10, 1951	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 3			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Creston, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Chester Tune		13b. MOTHER'S MAIDEN NAME Opal Adamson		14. NAME OF HUSBAND OR WIFE Never married				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Chester Tune, Route # 1, HERMAN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mucoviscidosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Interstitial Pneumonia, Bronchiectasis, Lung Abscesses, Fibrocystic Disease DUE TO (c) Pneumonia, Nutritional Deficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH from birth 6 months		
19a. DATE OF OPERATION 5-15-54		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) A		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5872					
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"/>	21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from 5-11 , 1954, to 5-15 , 1954, that I last saw the deceased alive on 5-15 , 1954, and that death occurred at 9:24 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE J. King M.D. / K. Pennington M.D. (Degree or title)			23b. ADDRESS 6420 Clayton Park St. Kansas		23c. DATE SIGNED 5-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAY 17, 1954	24c. NAME OF CEMETERY OR CREMATORY APTON CEMETERY	24d. LOCATION (City, town, or county) (State) CRESTON, IOWA					
DATE REC'D BY LOCAL REG. 5/16/54		REGISTRAR'S SIGNATURE Herbert B. Armbrust M.D.		25. FUNERAL DIRECTOR'S SIGNATURE LAURENCE FUNERAL HOME, INC. ADDRESS 2301 Lafayette, St. Louis 4, Mo.				

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 _____

working under my personal supervision.

Student Embalmer No. ~~3633~~

L. R. Cooper

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3633

P. O. Address *2301 Lafayette*

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.