

No. 300
10-48

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20697**
Registrar's No. **5685**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Wyoming b. COUNTY 8490	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Casper 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 922 S. David Street,	

3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) Pearl c. (Last) Ivie			4. DATE OF DEATH (Month) (Day) (Year) June 24 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 15th, 1896		9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY Own Home	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			11b. BIRTHPLACE (City and State or Foreign Country) Lawrenceville, Illinois		
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James D. Bower		13b. MOTHER'S MAIDEN NAME Amanda Ross		14. NAME OF HUSBAND OR WIFE Robert Ivie	
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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 Mr. Robert Ivie, 922 S. David St. Wyoming	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Thrombosis of Basilar Artery		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES		Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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? 332x	

22. I hereby certify that I attended the deceased from **6/16/54**, 19___, to **6/24/54**, 19___, that I last saw the deceased alive on **6/24/54**, 19___, and that death occurred at **4:33 pm.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Vermillion, M.D. (Degree or title)		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6/24/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Motor		24b. DATE 6/25/54		24c. NAME OF CEMETERY OR CREMATORY Lawrenceville, Ill. Cem.	
24d. LOCATION (City, town, or county) (State) Lawrenceville, Illinois		24e. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		24f. ADDRESS 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Mo.	

DATE REC'D BY LOCAL REG. JUN 25 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	
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(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
Student Embalmer

Signed Ralph C. Linder

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.