

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42439

State File No. ....

BIRTH NO. 91587-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10630

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2</u> days		d. STREET ADDRESS (If rural, give location) <u>223 2226 Indiana</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Keith</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Hassell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 20, 1954</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>12</u> Days	IF UNDER 1 YEAR Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Clarence Cloyd Hassell</u>		13b. MOTHER'S MAIDEN NAME <u>Dorris Ednamay Thompson</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorris Hassell</u>	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Shock</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post Maturity</u> DUE TO (c) <u>Protracted Labor</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <u>760.0</u>		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 <u>11-20, 1954</u> to <u>11-22, 1954</u> that I last saw the deceased alive on <u>11/21, 1954</u> , and that death occurred at <u>8:35A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John B. O'Neil</u>		23b. ADDRESS <u>74 A. 1222 Main St. Trenton</u>	
23c. DATE SIGNED <u>11/22/54</u>		24a. BURLIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>11-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mill Spring</u>	
24d. LOCATION (City, town, or county) (State) <u>Mill Spring, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alb rt H. Hoppe</u>	
DATE REC'D BY LOCAL REG. <u>NOV 22 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
ADDRESS <u>4700 Washington Blvd.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

I

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**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 Robert M. Murray

Licensed Embalmer No. 3749

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.