

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7620**BIRTH NO. **25413286-55** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City,	
c. LENGTH OF STAY (in this place) 40 Hrs		d. STREET ADDRESS (If rural, give location) 1821 Hayselton Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Unnamed			(Month) (Day) (Year)		
b. (Middle) (Infant)			March 12 1955		
c. (Last) Exon					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH March 9 1955	9. AGE (In years last birthday)	IF UNDER 1 YEAR
				Months	IF UNDER 12 HRS.
				Days	Hour
				Min.	40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jefferson City, Mo. 0	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME C. Stuart Exon	13b. MOTHER'S MAIDEN NAME Anne Kathryn Lewis	14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Dr. C. Stuart Exon 1821 Hayselton Dr. Jefferson City,
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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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Eng cholelithiasis petala		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rh incompatibility		
DUE TO (c) Prematurity		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		7705

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) 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 **Mar. 9, 1955, to Mar. 12, 1955**, that I last saw the deceased alive on **Mar. 12, 1955**, and that death occurred at **3:45 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John S. Sennett, M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 3/12/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 12 1955	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

DATE REC'D BY LOCAL REG. Mar 15-1955	REGISTRAR'S SIGNATURE R. J. Dorce MD-7R	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Tanner Funeral Home 700 Jefferson St. Jefferson City,
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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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

* If this body is not embalmed, fact should be so stated above.

not embalmed

Donald P. Freeman