

STANDARD CERTIFICATE OF DEATH

State File No. **7893**
 Registrar's No. **252**

FILED MAR 28 1955

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5459**

1. PLACE OF DEATH a. COUNTY Greene		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 Rural Center Twsp		c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) enroute		e. STREET ADDRESS (If rural, give location) 6924 Chippewa	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION mi NW Springfield,			

3. NAME OF DECEASED (Type or Print) BETTY			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 20 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) () Single		8. DATE OF BIRTH Aug 2, 1925		9. AGE (in years last birthday) 29	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business observer		10b. KIND OF BUSINESS OR INDUSTRY S W Bell Tele		11. BIRTHPLACE (City and State or Foreign Country) St Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles M Kiely			13b. MOTHER'S MAIDEN NAME Ann Walsh			14. NAME OF HUSBAND OR WIFE ---		

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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Charles M Kiely, St Louis, Missouri	
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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 Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8611X 39			

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Center Twsp	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Center Twsp Greene Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 20 1955 10:45	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Plane Crash

22. I hereby certify that I attended the deceased from **Not attended**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:45** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Edith Williamson</i> Edith Williamson, MD	(Degree or title) Coroner	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 3-21-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 21, 1955	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 3-22-55	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alma Schmeier</i>	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

APR 29 1961

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. 515 working under my personal supervision..

Student Murray Wilson
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 479

P. O. Address Springfield

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.