

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13710

FILED MAY 13 1955

State File No.
Registrar's No. 3751

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 3751	
1. PLACE OF DEATH a. COUNTY <u>City of St. Louis</u>					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 town or township) <u>St. Louis</u>			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4140 Michigan</u>					e. STREET ADDRESS (If rural, give location) <u>4140 Michigan Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u>			b. (Middle) <u>Clifton</u>		c. (Last) <u>Mothershead.</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>27</u> (Year) <u>1955.</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 11, 1883.</u>		9. AGE (In years last birthday) <u>71</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <u>Loco. Engineer.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hillsboro, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Clifton Mothershead</u>			13b. MOTHER'S MAIDEN NAME. <u>Mitilda Dearing</u>		14. NAME OF HUSBAND OR WIFE <u>Nelia Willmerhead</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>702-16-4783</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nelia Mothershead, St. Louis, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying such as heart failure, pneumonia, etc. It means the disease, condition, or complication which caused death.</i>					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>1955</u> <u>March 19,</u> <u>1948.</u> ANCECEDENT CAUSES DUE TO (b) <u>Fracture left Femur at Hip</u> DUE TO (c) <u>Diabetes Mellitus.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <u>4-7-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture Left Femur at Hip</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>City of St. Louis, Mo.</u>		21d. (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 19, 1955 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on floor at home.</u>		<u>E9030</u>			
22. I hereby certify that I attended the deceased from <u>March 19m, 1955</u> , to <u>April 27</u> , 1955, that I last saw the deceased alive on <u>April 27</u> , 1955, and that death occurred at <u>11:30 A.m.</u> , from the causes and on the date stated above. <u>JD</u>									
23a. SIGNATURE (Degree or title) <u>Joseph A. Lumbak M.D.</u>					23b. ADDRESS <u>1755 S. Grand</u>			23c. DATE SIGNED <u>4-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 27 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mothershead, DeSoto, Mo.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD CERTIFICATE. UNDERTAKER TO BRING TO CORNER FOR CORNER'S APPROVAL.

874-1-207

2501

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.....
Signature of Student Embalmer

Signed *J. E. M. Woltershe*

Licensed Embalmer No. *353*

P. O. Address *.....*

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.