

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17151

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>1032</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>		c. CITY OR TOWN <u>University City</u>		d. 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>Res. 1108 Meyer</u>				STREET ADDRESS (If rural, give location) <u>1108 Meyer</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u>			b. (Middle) <u>Clayton (Dunning)</u>			c. (Last) <u>Mockbee</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1955</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>July 17, 1902</u>		9. AGE (in years last birthday) <u>52</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, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Princeton, Ky.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unc. Dunning</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Lamb</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Baxter</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>Mr. Wm. B. Mockbee</u>		ADDRESS <u>1108 Meyer</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>2 yrs</u> <u>2 yrs</u>	
19a. DATE OF OPERATION <u>7/1</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <u>April 3, 1953</u> , to <u>May 6, 1955</u> , that I last saw the deceased alive on <u>5/6</u> , 19 <u>55</u> and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Herold Franklin MD</u>				23b. ADDRESS <u>16 Hampton Village</u>		23c. DATE SIGNED <u>5/6/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 6, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Princeton, Ky.</u>			
DATE REC'D BY LOCAL REG. <u>5/6/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander + Sons</u>		ADDRESS <u>6175 Delmar</u>			

(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.....
Signature of Student Embalmer

Signed *Jos. E. McCulloch*.....

Licensed Embalmer No. 24.....

P. O. Address 61757.....

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.