

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30937

FILED OCT 7 - 1955

State File No. 30937

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 8581

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

1. PLACE OF DEATH a. COUNTY <u>Missouri</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 township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>12 5351 Delmar</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Elizabeth A</u> c. (Last) <u>Johnson Hares</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-30-55</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>7-30-1877</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR <u>2</u> Months	IF UNDER 12 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Thomas, Ontario, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Francis Morrison</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Stabbart</u>	
14. NAME OF HUSBAND OR WIFE <u>David I. Hares, deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>489-09-2493D</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James C. Hares</u>		ADDRESS <u>Masonic Home of Mo. 5351 Delmar Blvd.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerotic Heart Disease 8 Mo.</u>  DUE TO (c)  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 type="checkbox"/> NO <input type="checkbox"/>		<u>420.0</u>	
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)		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>4-30-</u> , <u>1955</u> , to <u>9-30-</u> , <u>1955</u> , that I last saw the deceased alive on <u>9-29-</u> , <u>1955</u> , and that death occurred at <u>6 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James C. Hares M.D.</u>		23b. ADDRESS <u>508 N. Grand</u>	
23c. DATE SIGNED <u>9-30-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/3/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE RECEIVED BY LOCAL REG. <u>SEP 30 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P.</u>		ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Warren A. Carver

Licensed Embalmer No. 3534

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