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FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10402

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY OR TOWN Kirkwood 4707		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 Bernard Nursing Home		e. STREET ADDRESS (If rural, give location) #5 Hillcrest Place			
3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) HALL c. (Last) MORTON			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow ed	8. DATE OF BIRTH March 8, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days 8 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY School Teacher	11. BIRTHPLACE (City and State or Foreign Country) Manchester, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Dr. Jas. H. Hall		13b. MOTHER'S MAIDEN NAME Mary McCready		14. NAME OF HUSBAND OR WIFE Rev. C.H. Morton	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wilson Bell, 116 Douglas Dr. Jeff. City, Mo.	
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>Carcinoma of breast</u> (Primary) 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. <u>Generalized carcinomatosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</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)		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>May</u> , 1955, to <u>Nov 27, 1955</u> , that I last saw the deceased alive on <u>Nov. 14, 1955</u> , and that death occurred at <u>8 P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles Miller</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>134 W. Adams Kirkwood Mo.</u>	
23c. DATE SIGNED <u>11-28-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>11/29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Manchester M.E. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Manchester, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>NOV 29 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Papp, Inc. Kirkwood Mo.</u>	

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

(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.....
Signature of Student Embalmer

Signed..... *Felix Lussaud*

Licensed Embalmer No. *3034*

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

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.