

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2745

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 417

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
c. LENGTH OF STAY (in this place) D.O.H.		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS CITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 322 SO. 23RD STREET	
3. NAME OF DECEASED a. (First) ALMA		b. (Middle) HEADSPETH	
c. (Last) HEADSPETH		4. DATE OF DEATH JAN 8 1956	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-17-1898
9. AGE (in years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) LITTLE ROCK ARK		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ALEC BURNS		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE J.C. HEADSPETH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 492-12-2237		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHEOPHUS HOBAN 322 SO. 23RD ST.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:20 A.M., from the causes and on the date stated above.			
22a. SIGNATURE Patricia J. Taylor Caraway		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 1.13.56		22d. DEGREE OR TITLE	
24a. BURIAL, CREMATION, OR REMOVAL RE MOVAL		24b. DATE 1-14-56	
24c. NAME OF CEMETERY OR CREMATORY JOHNSON CEMETERY		24d. LOCATION (City, town, or county) (State) JACKSON ARKANSAS	
DATE REC'D BY LOCAL REG. JAN 13 1956		REGISTRAR'S SIGNATURE Dr. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE EARL HILLOMAN		ADDRESS OVERLAND MO	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

1961 8 7007

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

Carl J. Hillman

Licensed Embalmer No. *3501*

P. O. Address *Breeland Mo.*

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.