

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1956

State File No. **2793**
Registrar's No. **460**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MADISON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 9 days	c. CITY OR TOWN So. ROXANA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S HOSPITAL			e. STREET ADDRESS (If rural, give location) STEVENSON STREET 812⁰8		
3. NAME OF DECEASED (Type or Print) a. (First) DEBRA b. (Middle) DAWN c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) 1-13-56		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 8-28-55	9. AGE (In years last birthday) 4 MONTHS 16 DAYS	IF UNDER 1 YEAR IF UNDER 14 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) WOODRIVER, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HARRY H. JONES		13b. MOTHER'S MAIDEN NAME LORETT SEBASTIAN	
14. NAME OF HUSBAND OR WIFE		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 B. Britton		18. ADDRESS 500 So. KINGSHIGHWAY			
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) CARDIAC DECOMPENSATION			INTERVAL BETWEEN ONSET AND DEATH 3 MOS		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONGENITAL HEART DISEASE			4 MOS		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVENTRICULAR SEPTAL DEFECT					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 754.4		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) (Min.)		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 JAN 4 , 1956, to JAN 13 , 1956, that I last saw the deceased alive on JAN 13 , 1956, and that death occurred at 4¹⁰ p. m. , from the causes and on the date stated above.					
23a. SIGNATURE LESLIE J. VERTI			23b. ADDRESS Childrens Hospital		23c. DATE SIGNED 1-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/14/56	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) East St. Louis, Ill
DATE REC'D BY LOCAL REG. JAN 14 1956		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John J. Kassy	
				ADDRESS East St. Louis, Ill	

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 10

P. O. Address East St. Louis

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.