

No. 300
10-48

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14496**
3635
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 6 Days		e. STREET ADDRESS (If rural, give location) 18 1446 Theresa 218 7/2			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Incarnate Word Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) LEA c. (Last) CALLAWAY			4. DATE OF DEATH (Month) (Day) (Year) 4 9 56		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10-23-1956		9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 Hrs. Hours		IF UNDER 1 Min. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Mach. Oper.			10b. KIND OF BUSINESS OR INDUSTRY Curley Clothing			11. BIRTHPLACE (City and State or Foreign Country) Duquoin, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Edgar Martin			13b. MOTHER'S MAIDEN NAME Estey Phelps			14. NAME OF HUSBAND OR WIFE Deceased		
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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. _____		17. INFORMANT'S SIGNATURE OR NAME Donald Callaway, 4618 S. Spring		ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Obstruction, Complete Small Intestine DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pelvic Inflamm. Dis.						INTERVAL BETWEEN ONSET AND DEATH 5 days 7 days	
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19a. DATE OF OPERATION 4/4/56		19b. MAJOR FINDINGS OF OPERATION Small Intestine Strangulated + Gangrenous				570.3		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 **4/2**, 19**56**, to **4/9**, 19**56**, that I last saw the deceased alive on **4/9**, 19**56**, and that death occurred at **9:34 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John B. Sumner, M.D. (Degree or title)		23b. ADDRESS 2264 So. Compton		23c. DATE SIGNED 4/11/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-12-1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
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DATE REC'D BY LOCAL REG. APR 12 1956		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin F.H., Inc., 2301 Lafayette		ADDRESS	
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a.m. (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 *H. G. Farris*.....

Licensed Embalmer No. *330*.....

P. O. Address *H. L.*.....

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.