

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29037

State File No.

FILED SEP 6 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7463

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township)			c. LENGTH OF STAY (in this place)			c. CITY OR TOWN		
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location)			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH			(Month) (Day) (Year)		
5. SEX			6. COLOR OR RACE			7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
8. DATE OF BIRTH			9. AGE (in years last birthday)			IF UNDER 1 YEAR: Months Days		
IF UNDER 1 HRS: Hours Min.			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTH PLACE (City and State or Foreign Country)			12. CITIZEN OF WHAT COUNTRY			13a. FATHER'S NAME		
13b. MOTHER'S MAIDEN NAME			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)		
16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME			ADDRESS		
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)			INTERVAL BETWEEN ONSET AND DEATH		
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.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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) 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 <u>Jan 1, 1956</u> to <u>Aug 11, 1956</u> that I last saw the deceased alive on <u>Aug 11, 1956</u> and that death occurred at <u>2:30 p.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE			23b. ADDRESS			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify)			24b. DATE			24c. NAME OF CEMETERY OR CREMATORY		
24d. LOCATION (City, town, or county) (State)			25. FUNERAL DIRECTOR'S SIGNATURE			ADDRESS		

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

F.P. (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 *V E Morris*.....

Licensed Embalmer No. *3360*

P. O. Address *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.