

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31599

FILED SEP 20 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>105</u>	
1. PLACE OF DEATH a. COUNTY <u>SPERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>RAUDOLPH</u>			
b. CITY OR TOWN <u>FERRYVILLE</u>		c. LENGTH OF STAY (in this place) <u>1 DA.</u>		c. CITY OR TOWN <u>KASKASKIA ISLAND</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PERRY CO MEMORIAL HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>P.O. ST MARYS MO R.R. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>		b. (Middle) <u>KEULEY</u>		c. (Last) <u>DAME</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 9 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC 20 1872</u>	
9. AGE (In years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>PERRY CO MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLES DAME</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MONTRON</u>		14. NAME OF HUSBAND OR WIFE <u>MAGNOLIA BALLARD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OREN JAVDE 5745 WILBORN ST LOUIS 20, MO.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		4201			
22. I hereby certify that I attended the deceased from <u>Aug 8</u> , 1956, to <u>Aug 9</u> , 1956, that I last saw the deceased alive on <u>9 Aug</u> , 1956, and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph J. Zoller</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>ST Marys Mo</u>		23c. DATE SIGNED <u>Aug 10 1956</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 11 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS CITY, R.R.</u>		24d. LOCATION (City, town, or county) (State) <u>ST MARYS MO</u>	
DATE REC'D BY LOCAL REG. <u>8-11-56</u>		REGISTRAR'S SIGNATURE <u>Joseph J. Zoller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Schubert</u>		ADDRESS <u>Genevieve Mo</u>	

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 *Adrian J. Miller*
Licensed Embalmer No. *474*
P. O. Address *Sta. Geneva*

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.