

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31826

FILED OCT 2 1956

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 336

1. PLACE OF DEATH
a. COUNTY St. Francois

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Francois

b. CITY OR TOWN Bonne Terre c. LENGTH OF STAY (In this place) 4 da.

c. CITY OR TOWN Desloge d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital

STREET ADDRESS (If rural, give location) 0940

3. NAME OF DECEASED (Type or Print)
a. (First) FLOYD b. (Middle) D. c. (Last) DEES

4. DATE OF DEATH (Month) (Day) (Year)
SEPT. 15, 1956

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH SEPT. 25, 1899

9. AGE (In years last birthday) 76 11 11 20 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) 0
MIKE LA MOTTE, MO.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THOMAS DEES

13b. MOTHER'S MAIDEN NAME JANE SMITH

14. NAME OF HUSBAND OR WIFE NONE

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. 498-10-4142

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
Miss Frank Self Flat Bldg Mo.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia
INTERVAL BETWEEN ONSET AND DEATH 7 days
ANTECEDENT CAUSES
DUE TO (b) Elderly lungs
DUE TO (c) Ischemic myocardium
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 NO

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)
4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11-56 to 9-15-56, that I last saw the deceased alive on 9-15-56 and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE N. J. Gache M.D. (Degree or title)

23b. ADDRESS Desloge MO

23c. DATE SIGNED 9-18-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE SEPT. 17, 1956

24c. NAME OF CEMETERY OR CREMATORIAL Odd Fellows

24d. LOCATION (City, town, or county) (State) Desloge MO

DATE REC'D BY LOCAL REG. 9-18-56

REGISTRAR'S SIGNATURE Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
Raymond Caldwell 1306 Flat Bldg Mo.

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

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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 *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat River*

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.