

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32316**
Registrar's No. **7877**

FILED SEP 21 1956

318

1003

BIRTH NO. **65350-56**

REG. DIST. NO.

PRIMARY REG. DIST. NO.

REGISTRAR'S NO.

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 Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN DITTMER
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS RR #1		05001	
3. NAME OF DECEASED (Type or Print) a. (First) TERRY b. (Middle) ANTHONY c. (Last) OWEN			4. DATE OF DEATH (Month) (Day) (Year) AUG 25 56
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.M.	8. DATE OF BIRTH AUG 25-56
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 1	IF UNDER 1 HRS. Hours 1 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) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DAVID CROCKETT OWEN	
13b. MOTHER'S MAIDEN NAME MARGARET VAN METER		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. None	17. INFORMANT'S SIGNATURE OR NAME DAVID CROCKETT OWEN DITTMER Mo. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Prematurity		DUE TO (c) Polyhydramnios 27 wk. gestation	
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)	776x
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 8-25-1956 to 8-25-1956 , that I last saw the deceased alive on 8-15-1956 , and that death occurred at 3:26 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John B. Summers, MD		23b. ADDRESS 22645 Compton	23c. DATE SIGNED 8/25/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 17 AUG 27-56	24c. NAME OF CEMETERY OR CREMATORY GRUBVILLE BAR. CEM.	24d. LOCATION (City, town, or county) (State) GRUBVILLE- Mo.
DATE REC'D BY LOCAL REG. AUG 27 1956	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE BRIMMER FUNERAL HOME SPRINGS Mo.	

(Licensed Embalmer's Statement on Reverse Side)

Original 3:26 PM

#1

Mo.

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

Student.....
Signature of Student Embalmer

Signed John A. Brimmer.....

Licensed Embalmer No. 1470.....

P. O. Address Howe Springs.....

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.