V.S. No. 300
Rev. 10.48

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

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36324

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8606

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3218 N 11 St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN: Belgrade
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 100

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Francis c. (Last) Tullock

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept 29 1873
9. AGE (In years last birthday): 82 — If under 1 year: Months 11 Days 16 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (City and State or Foreign Country): Belgrade Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph Harding
13b. MOTHER'S MAIDEN NAME: Mandy Mercer
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ___
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth Silvey — **ADDRESS**: St. Louis Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mitral regurgitation — INTERVAL BETWEEN ONSET AND DEATH: 1951

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) not Known
DUE TO (c) ✓ 410X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hepatic congestion

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no accident.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓
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* Aug. 10, 1956, *to* 9-16-, 1956, *that I last saw the deceased alive on* 9-16, 1956, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. F. Meller (Degree or title) MD
23b. ADDRESS: 9410 N. Broadway St. Louis Mo
23c. DATE SIGNED: 9-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-19-56
24c. NAME OF CEMETERY OR CREMATORY: White Oak Grove
24d. LOCATION (City, town, or county) (State): Washington Co. Mo

DATE REC'D BY LOCAL REG.: SEP 18 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.E.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mrs Luther Park Potosi Mo.

(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 embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4256

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.