

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42950
STATE FILE NUMBER
11501
Registrar's No.

FILED JAN 15 1957

Registration District No. 318 Primary Registration District No. 1003

300
7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4904 Euclid Terrace		Length of stay in 1b 2 1/2 9/2	d. STREET ADDRESS 4904 Euclid Terrace
3. NAME OF DECEASED (Type or print) First LACE Middle Last DUFF		4. DATE OF DEATH Month 12/ Day 12. Year 56	
5. SEX male	6. COLOR OR RACE negro	7. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 9th 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and state or country) Union County MISS
13. FATHER'S NAME Dave Duff		14. MOTHER'S MAIDEN NAME Laura last name unknown	
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 Address Mrs Ella Duff. 4904 Euclid Terrace
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1) Lobar Pneumonia Right Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2) Hypertensive Cardeo Vascular Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12-9-56 to 12-12-56 and last saw her/him alive on 12-12-56 Death occurred at 11:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Monroe H. Little M.D.</i>		22b. ADDRESS 3167 Sheridan Avenue	22c. DATE SIGNED 12-14-56
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/16/56	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) FOREST CITY ARK
24. FUNERAL DIRECTOR Porter Funeral Home 3028 Dickson St		25. DATE RECD. BY LOCAL REG. DEC 15 1956	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>

(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 *A. Claude Gord*.....

Licensed Embalmer No. *34*.....

P. O. Address *45750*.....

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