

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43313

FILED DEC 18 1956

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **10430** Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Medora		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Renard Hospital		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SHERMAN Middle L. Last KELL			4. DATE OF DEATH Month 11 Day 8 Year 56		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-28-1881	9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired teacher		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Marion County, Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME Ida Morton		
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. unknown	17. INFORMANT Address Era Kell, Medora, Ill.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Puncture wound of the heart, from self inflicted stab wound with an awl, in rest room at Renard Hospital (Barues) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Had a heart attack November 8th, 1956 about					INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	19b. DEPTH OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) mental aberration		
20c. TIME OF INJURY Hour 1100 a. m. Month 11 Day 8 Year 56		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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.) Hosp	20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1045 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Patrick F. Taylor (Degree or title) Coroner			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11.15.56
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-9-56	23c. NAME OF CEMETERY OR CREMATORY Brighton, Ill.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Warner, Brighton, Ill.		ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 15 1956		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E977 x

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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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Homer A. Jvity*

Licensed Embalmer No. *38*

P. O. Address..... *S.F.D.*

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