

Health,
Welfare,
Public
Service

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ALL INFORMATION ON THIS FORM IS TO BE USED ONLY FOR THE PURPOSES OF THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. CORONERS CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES. DISEASES IN PART I MUST BE CASUALLY RELATED.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6398

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1015**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
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 Pevely Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Mo. Baptist Hosp.		Length of stay in 1b 3 wks	d. STREET ADDRESS 0500 (If outside, give location) 29 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle LEARNED Last LEARNED			4. DATE OF DEATH Month Jan Day 29 Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-21-1880
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) printer		10b. KIND OF BUSINESS OR INDUSTRY newspaper	11. BIRTHPLACE (City and state or country) Jefferson County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME unknown	
14. MOTHER'S MAIDEN 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. unknown		17. INFORMANT Address Mary Ann Learned, Pevely, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerosis Cerebral, spinal cord and kidneys 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(a)			INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs
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.) 450.0	
20c. TIME OF INJURY: Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1-7-57 to 1-29-57 and last saw her ^{him} alive on 1-28-57 Death occurred at 7:25 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. N. Pearson, M.D.		22b. ADDRESS 457 N. Kingshighway Blvd	
22c. DATE SIGNED 1-31-57		23. NAME OF CEMETERY OR CREMATORY	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 1-30-57	
23c. LOCATION (City, town, or county) Imperial, Mo.		(State)	
24. FUNERAL DIRECTOR Heilitag, Imperial, Mo.		25. DATE RECD. BY LOCAL REG. JAN 31 '57	
26. REGISTRAR'S SIGNATURE Carl Smith M.D.			

(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 *Horner W. Jantz*

Licensed Embalmer No.

P. O. Address *H. J.*

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.