

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7010

State File No.

FILED FEB 25 1957

324

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 578 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. CITY OR TOWN <u>Webster Groves</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>658 Amelia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>658 Amelia</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Tipton</u>	b. (Middle) <u>Turner</u>	c. (Last) <u>Omohundro</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1957</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 20, 1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Remington Arms Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Spotswood Omohundro</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Eliz. Hutcherson</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Finley Omohundro</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank P. Foster</u>	ADDRESS <u>658 Amelia W. G.</u>
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18. CAUSE OF DEATH 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) <u>Atherosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 7 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Tumor of bladder type undetermined</u>		
	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 <u>4200</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 24, 1950, to Feb. 3, 1957, that I last saw the deceased alive on Jan 2, 1957, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James B. Jones M.D.</u>	23b. ADDRESS <u>337 W. Lockwood Webster Groves 19, Mo.</u>	23c. DATE SIGNED <u>2-4-57</u>
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24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>2-6-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-4-57</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombek</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Aldrich</u>	ADDRESS <u>B. Home Webster Groves</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Lucie Yelch

Licensed Embalmer No. *439*

P. O. Address *Webster Grove*

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.