

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1957

318

1003

15057

STATE FILE NUMBER 3386

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

Health, Welfare Public Service

300 1-56

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, Missouri.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Enroute City Hospital D.O.A.				Length of stay in 1b		STREET ADDRESS (If outside, give location) 4133 North 2nd St.,	
3. NAME OF DECEASED (Type or print) First Nellie Middle Juanita Last Moore				4. DATE OF DEATH Month April Day 5 Year 1957			
5. SEX Female	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 Sept 13, 1927		9. AGE (In years last birthday) 29 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Dover, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Like Wallace				14. MOTHER'S MAIDEN NAME Beenie Vick			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No Nil		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Corbin Moore 4133 N. 2nd St			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hematoma							INTERVAL BETWEEN ONSET AND DEATH
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. Suffered under operation of subdural hematoma in							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I and Part II of item 18.) struck while crossing bridge over MC Kinley						
20c. TIME OF INJURY 7:30 p.m.	Month, Day, Year 4 5 57	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 26 Bridge					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 26 Bridge		20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY 08		STATE 31	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 7:57 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M Kelly Deputy Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4-8-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-7-57	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Clarksville Tenn			
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.,			ADDRESS		25. DATE RECD. BY LOCAL REG. APR 8 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith, MD	

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 Elmo A. Padwell

Licensed Embalmer No. 407

P. O. Address St. Louis

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.