

FILED MAY 10 1957

STANDARD CERTIFICATE OF DEATH

15096

STATE FILE NUMBER

Registration District No. 318 Primary Registration District 1003 Registrar's No. 4141

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 causally 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)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Potosi	
c. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS 802 Rickman Rd.	
3. NAME OF DECEASED (Type or print) MOLLIE		4. DATE OF DEATH APRIL 29, 1957	
5. SEX Female	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 Oct. 1 1865
9. AGE (In years last birthday) 91	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and state or country) Washington Co. Mo.
13. FATHER'S NAME Steman Wisdom		14. MOTHER'S MAIDEN NAME Virginia Huff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		17. INFORMANT Ruth Cole Potosi 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) ATLECTASIS & BRONCHOPNEUMONIA DUE TO (b) FRACTURE OF LEFT FEMUR 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 3 DAYS 12 DAYS
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 or Part II of item 18.) 31. FALL AT HOME	
20c. TIME OF INJURY Hour: 4:17 p.m. Month, Day, Year: 4/17/57		20f. CITY, TOWN, OR LOCATION POTOSI	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME	
20g. COUNTY MO.		20h. STATE MO.	
21. I attended the deceased from APRIL 17, 1957, to APRIL 29, 1957 and last saw her alive on APR. 29, 1957 Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. Vermillion, M. D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 4/29/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 5-1-57	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	23d. LOCATION (City, town, or county) (State) Washington Co. Mo.
24. FUNERAL DIRECTOR Mrs. Luther Sparks Potosi		25. DATE RECD. BY LOCAL REG. MAY 1 '57	26. REGISTRAR'S SIGNATURE Earl Smith MO

mgs

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 *Murphy L. Sparks*

Licensed Embalmer No. *4236*

P. O. Address *St. Paul, Pa.*

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.