

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45514

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 417

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>                     |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Rural St. Francois</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         |  | c. CITY OR TOWN <u>Iron Township Belleview</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR <u>Mineral Area</u><br>INSTITUTION <u>Osteopathic Hosp.</u>  |  |  |  | Length of stay in lb<br><u>3 da</u>   |  | d. STREET ADDRESS <u>4 mi. W of Belleview</u>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Robert</u> Middle <u>Lee</u> Last <u>Day</u>  |  |  |  | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>24</u> Year <u>1957</u>  |  |   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>11-17-56</u>   |  |
| 9. AGE (In years last birthday) <u>1</u>  |  | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>7</u>   |  | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u>  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Infant</u>  |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><u>Ironton, Missouri</u>                                    |  |
| 13. FATHER'S NAME<br><u>Lavondel C. Day</u>   |  |  |  | 14. MOTHER'S MAIDEN NAME<br><u>Kathryn Shelton</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  | 16. SOCIAL SECURITY NO.<br><u>no</u>   |  | 17. INFORMANT<br>Address <u>Lavondel C. Day Belleview, Mo.</u>  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Uremia</u>  |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |  |  |   |  | DUE TO (b) <u>Septicemia</u><br><u>3 days</u>   |  |
|   |  |  |  |   |  | DUE TO (c) <u>Acute Gastro-Enteritis</u><br><u>6 days</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><u>5710</u>   |  |  |  |   |  | 19. WAS AUTOPSY PERFORMED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |  |
| 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.) |  |   |  |   |  |
| 20c. TIME OF INJURY<br>Hour <u></u> Month <u></u> Day <u></u> Year <u></u><br>a. m. <u></u> p. m. <u></u>   |  |  |  |   |  |   |  |
| 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 <u>12-21-57</u> to <u>12-24-57</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>12-24-57</u><br>Death occurred at <u>6:20 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |   |  |   |  |
| 22a. SIGNATURE<br><u>R. G. Nardigato, D.O.</u>  |  |  |  | (Degree or title)   |  | 22b. ADDRESS<br><u>Bismarck Missouri</u>  |  |
|   |  |  |  |   |  | 22c. DATE SIGNED<br><u>12-25-57</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>  |  | 23b. DATE<br><u>12-27-57</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Boss Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Boss Missouri</u>                                     |  |
| 24. FUNERAL DIRECTOR<br><u>White's Funeral Home</u><br><u>Annel White</u>   |  |  |  | ADDRESS<br><u>Ironton, Mo.</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>Dec. 25, 1957</u>  |  |
|   |  |  |  |   |  | 26. REGISTRAR'S SIGNATURE<br><u>Ether Rudloff</u>   |  |

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

Student.....  
Signature of Student Embalmer

Signed.....  
*Lyle H. White*

Licensed Embalmer No. 4295

P. O. Address *Montgomery*

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.