

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
3286  
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 980

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>25 HOSPITAL FOR LOUIS CITY HOSP #1</b>		d. STREET ADDRESS (If outside, give location) <b>5530 Pershing</b>	
Length of stay in lb <b>2 WEEKS 1/2</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>ELLEN</b> Last <b>MANLEY</b>			4. DATE OF DEATH Month <b>1</b> Day <b>26</b> Year <b>58</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>June 5 1876</b>	9. AGE (In years at birthday) <b>81</b>	10. F UNDER 1 YEAR Months <b>7</b> Days <b>21</b>	11. IF UNDER 24 HRS. Hours <b>21</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lincoln County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Patriok McCarthy</b>	13b. MOTHER'S MAIDEN NAME <b>Elizaelen Shocklee</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>498 26 3909</b>	17. INFORMANT <b>850 Alanson Dr. A.W. Manley University City, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>493x</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <b>---</b>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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.) <b>---</b>	20f. CITY, TOWN, OR LOCATION <b>---</b>	COUNTY <b>---</b>	STATE <b>---</b>
21. I attended the deceased from <b>1/5/58</b> to <b>1/26/58</b> and last saw her/him alive on <b>1/26/58</b> Death occurred at <b>5:15</b> P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. Leighton M.D.</b>		22b. ADDRESS <b>1515 Lafayette</b>	22c. DATE SIGNED <b>1-26-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Jan 27 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Alphonsus CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>Millwood, Mo.</b>
24. FUNERAL DIRECTOR <b>J.O. Mudd</b>	ADDRESS <b>Bowling Green, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 27 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D. S.P.</b>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 James O. Medel  
Licensed Embalmer No. 4157  
P. O. Address Beverly Hills

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.