

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012644
STATE FILE NUMBER

FILED MAR 31 1958 Reg. 555 District No. 317 Primary Registration District No. 547 Registrar's No. 855

1. PLACE OF DEATH a. COUNTY SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 8/20 a. STATE Illinois b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON RICHMOND HEIGHTS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EAST ST. LOUIS Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S		Length of stay in lb 3 1/2 Mos.	d. STREET ADDRESS Box 1253 FIREWORKS BRANCH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Viola Middle MAY Last HAND			4. DATE OF DEATH Month MARCH Day 23 Year 1958	
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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. 5, 1900	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 5 Days 18 IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE		10b. KIND OF BUSINESS OR INDUSTRY HOSPITALS	11. BIRTHPLACE (City and state or country) PITESBURG, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME CHARLES HOWELL		13b. MOTHER'S MAIDEN NAME Rose King	14. NAME OF HUSBAND OR WIFE JAMES A. HAND		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 330-18-0425	17. INFORMANT JAMES HAND Address SAN DIEGO, CALIF.		
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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) Sepsis & Multiple Junc Abscesses				INTERVAL BETWEEN ONSET AND DEATH 4 Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____				
DUE TO (c) 521X				

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemorrhagic ulceration of colon				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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.)		
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m.					
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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	
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21. I attended the deceased from 12-11-58 to 3-25-58 and last saw her alive on 3-23-58 Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE Frank A. Palazzo (Degree or title)		22b. ADDRESS 4161 Lindell Blvd		22c. DATE SIGNED 3-28-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 30 27 58	23c. NAME OF CEMETERY OR CREMATORY STATE LINE		23d. LOCATION (City, town, or county) (State) MOKO, ARKANSAS
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24. FUNERAL DIRECTOR John [Signature] ADDRESS E. ST. LOUIS, ILL.		25. DATE RECD. BY LOCAL REG. 3-25-58	26. REGISTRAR'S SIGNATURE Nesbert P. Drake M.D.		
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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.

Not Embalmed

Student
Signature of Student Embalmer

Signed *Joseph J. Gault*

Licensed Embalmer No. *7541*

P. O. Address *L. H. Town*

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.