t. Health,
, & Welfare
S. Public
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026819
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7017

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dent

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]

c. CITY OR TOWN Salem 033D — Inside Limits Yes [ ] No [X]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Baptist Hospital — Length of stay in 1b 16 — 310

d. STREET ADDRESS (If outside, give location) Licking Star Route — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Floyd Middle Donald Last Causey

4. DATE OF DEATH Month July Day 13, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH May 10, 1920

9. AGE (In years last birthday) 38 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (City and state or country) Deerfield, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME J.P. Causey

13b. MOTHER'S MAIDEN NAME Delia Floyd

14. NAME OF HUSBAND OR WIFE None

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. None

17. INFORMANT Iver Boyher, Address Morris Mills, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Embryonal cell

IMMEDIATE CAUSE (a) Embryonal Cell

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) carcinoma of testicle Carcinoma of Testicle

DUE TO (c) with metastases c Metastases

INTERVAL BETWEEN ONSET AND DEATH 7 mos

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 [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 178X

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Jan 58, to July 13/58 and last saw her/him alive on July 13/58
Death occurred at 7:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. R. Dalton (Degree or title) M.D. A. R. Dalton M.D.

22b. ADDRESS 453 N. Taylor 453 N. Taylor

22c. DATE SIGNED 7/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7-14-58

23c. NAME OF CEMETERY OR CREMATORY Berry Cemetery

23d. LOCATION (City, town, or county) (State) Dent Co., Mo.

24. FUNERAL DIRECTOR Albert H. Hoppe, ADDRESS 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG. JUL 15 '58

26. REGISTRAR'S SIGNATURE Carl Smith MD MSB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

AUG 23 1965

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 .....

Licensed Embalmer No. 4405

P. O. Address St. Louis, Mo.

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.