

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-026889
 State File No.

FILED AUG 1 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7192

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY OR TOWN <u>Alton</u> <u>9120</u> <u>8</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>32-241 Dooley</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Manley</u> b. (Middle) <u>Donald</u> c. (Last) <u>Dee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>3-8-48</u>
9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Jessie Lee Manley</u>	
13b. MOTHER'S MAIDEN NAME <u>Vivian Hensley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Luan Lehr, 500 S. Kings Highway</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, post-operative</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Ostium primum cardiac anomaly</u>	
DUE TO (c)		754.3	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>7-17-58</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ostium primum cardiac anomaly (repaired on heart-lung bypass)</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. HOW DID INJURY OCCUR
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>7-12-58</u> to <u>7-19</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>7-19</u> , 19 <u>58</u> , and that death occurred at <u>8:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Neal Middebury</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>500 S. Kings Highway</u>	23c. DATE SIGNED <u>7-19-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-20-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Woodriver, Illinois</u>
DATE REC'D BY LOCAL REG. <u>JUL 21 1958</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marks Mortuary, 633 E. Lorena Woodriver, Ill.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *H. S. Markel*

Licensed Embalmer No. *4338*

P. O. Address *Wood River*

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.