

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035004

STATE FILE NUMBER

FILED SEP 29 1958

79249-27 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2359

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis, County</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>COLE</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> Length of stay in 1b <u>4 days</u> | | d. STREET ADDRESS (If outside, give location) <u>Boonville Road</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|-----------------------------------|---|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Boy</u> Last <u>Exon</u> | | | 4. DATE OF DEATH Month <u>9</u> Day <u>11</u> Year <u>58</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Caucasian</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>9/8/58</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>4</u> Days <u>4</u> Hours <u>—</u> Min. <u>—</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>St. Mary's Hospital</u> | | |
| 13. FATHER'S NAME <u>C. S. Exon, M.D.</u> | | | 14. MOTHER'S MAIDEN NAME <u>UNK.</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Herman W. Pease, M.D.</u> Address <u>4401 Hampton Ave.</u> | | |

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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) <u>Cerebral Ischemia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>12-24 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Erythroblastosis Fetalis</u> | | |
| | DUE TO (c) <u>770.0</u> | | |
| 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 checked="" type="checkbox"/> NO <input 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.) | | |
| 20c. TIME OF INJURY Hour <u>7:40</u> Month <u>AM</u> Day <u>—</u> Year <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 9/8/58 to 9/11/58 and last saw him alive on 9/11/58
Death occurred at 7:40 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Herman W. Pease, M.D.</u> | 22b. ADDRESS <u>4401 Hampton Ave.</u> | 22c. DATE SIGNED <u>9/12/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>9-12-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Tanner</u> | ADDRESS <u>Jefferson City</u> | 25. DATE RECD. BY LOCAL REG. <u>9-12-58</u> | 26. REGISTRAR'S SIGNATURE <u>Hubert P. Donke M.D.</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Licensed Embalmer No.

P. O. Address

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.

John M. J.