

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041453

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's

10017

300  
1-57  
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1. PLACE OF DEATH a. COUNTY <i>Saint Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saint Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>A Saint Louis</i>		c. CITY OR TOWN <i>Saint Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>38 Homer G. Phillips</i>		d. STREET ADDRESS (If outside, give location) <i>5059 5404 Maple Avenue</i>	

3. NAME OF DECEASED (Type or print) First <i>Elsie</i> Middle <i>Gersie</i> Last <i>Dearing</i>			4. DATE OF DEATH Month <i>Oct.</i> Day <i>16,</i> Year <i>1958</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>3 Colored</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 17, 1918</i>	9. AGE (In years by birthday) <i>40</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <i>Pract. Nurse</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Ben Wheller, Texas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Jess Myers</i>	13b. MOTHER'S MAIDEN NAME <i>Viola Morehead</i>	14. NAME OF HUSBAND OR WIFE <i>Walter D. Dearing</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Walter D. Dearing 5404 Maple Avenue</i>
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18. CAUSE OF DEATH (Enter only one cause primary for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized necrotizing arteriosclerosis and endarteritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>456x</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c)		

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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (Degree or title) <i>C. Taylor Parson</i>	22b. ADDRESS <i>1500 Clark</i>	22c. DATE SIGNED <i>10-20-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10/22/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) <i>Barkley, Missouri</i>
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24. FUNERAL DIRECTOR <i>E. B. Koonce</i>	ADDRESS <i>1221 N. Grand</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 20 1958</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

