

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046082

State File No.

FILED JAN 5 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 12271

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 27 Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 2799 4352 West minister	
3. NAME OF DECEASED (Type or Print) a. (First) IZONA b. (Middle) NMN c. (Last) Morrow		4. DATE OF DEATH (Month) (Day) (Year) 12 18 1958	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug 18, 1917
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	
11. BIRTH PLACE (State or foreign country) Bolivar, Tenn.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ernest Morrow		13b. MOTHER'S MAIDEN NAME Irene Brown	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Westerl Hoobies 4352 West minister St. Louis, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency ANTECEDENT CAUSES Hypertensive Cardiorascular Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
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. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 12-3-58, 19___, to 12-18-58, 19___, that I last saw the deceased alive on 12-18-58, 19___, and that death occurred at 7:00P m., from the causes and on the date stated above.			
23a. SIGNATURE James A. Utley, M.D.		23b. ADDRESS 2601 Whittier Street	
23c. DATE SIGNED 12-19-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-18-1958	24c. NAME OF CEMETERY OR CREMATORY St George	24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS, ILLINOIS
DATE REC'D BY LOCAL REG. DEC 19 '58	REGISTRAR'S SIGNATURE C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS P. L. Cragler, 1036 Tudor Ave.	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

P. Z. Cuzzler

Licensed Embalmer No. *3346*

1036 Sudover

P. O. Address *St Louis Mo*

Not Embalmed

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 this body is not embalmed, fact should be so stated above.