

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046414

STATE FILE NUMBER
12449

FILED JAN 14 1959

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

300
-57

Inquired: Paul H. Woodson - 57 Linden - no info re year 1959
 All diseases in Part I must be causally related
 USE ONLY BLUE INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Berkeley City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in 1b 8 1/2 hours	d. STREET ADDRESS (If outside, give location) 27 5950 Evergreen Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Banie - - - - Thorpe			4. DATE OF DEATH Month Day Year Dec. 23, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 18, 1901	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Carlinville, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Oliver Stanton		13b. MOTHER'S MAIDEN NAME Banie Adams		14. NAME OF HUSBAND OR WIFE Columbus W. Thorpe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Columbus W. Thorpe, 5950 Evergreen		
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>Breast tumor</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
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"/>
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 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
21. I attended the deceased from <u>10-1-54</u> to <u>12/23/58</u> and last saw her <u>alive</u> on <u>12-22-58</u> Death occurred at <u>2:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H.W. Woodson MD</u> (Degree or title)			22b. ADDRESS <u>2438 Woodson Rd</u>		22c. DATE SIGNED <u>12/24/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-26-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Charity Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Carlinville, Illinois</u>	
24. FUNERAL DIRECTOR <u>Baumann Bros. Inc. Overland, Mo.</u>		25. ADDRESS <u>2504 Woodson Rd</u>	DATE RECD. BY LOCAL REG. <u>DEC 24 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>MSB</u>	

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 *David C. Gibbs*

Licensed Embalmer No. *3457*

P. O. Address *Cleveland 14*

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.