Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003343
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 268

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, give TOWNSHIP only) OR TOWN ST .LOUIS,MO. Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST.LOUIS CITY HOSP. #1. Length of stay in Hospital	d. STREET ADDRESS (If outside, give location) 4528 Manchester Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MYRTIE Middle Last O,BURN			4. DATE OF DEATH Month JAN, Day 8, Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Nov. 7, 1870
9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. 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 at home	11. BIRTHPLACE (City and state or country) Brady Co.,Ill.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm. Murphy	13b. MOTHER'S MAIDEN NAME Caroline Wheatley	14. NAME OF HUSBAND OR WIFE Emmet O'Burn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service) --	16. SOCIAL SECURITY NO. --	17. INFORMANT Elmer O'Burn	Address 1537 Ogdon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) pernicious pernicious

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) adenocarcinoma of body & tail of pancreas

DUE TO (c) 157x

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 ☒ NO ☐

states post operative exploratory laparotomy

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 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 12/26/58, to 1/8/59 and last saw her/him alive on 1/8/59

Death occurred at 12 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Rhys J. Williams, M.D. (Degree or title)	22b. ADDRESS 1515 LAFAYETTE AVE	22c. DATE SIGNED 1/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 1-12-59	23c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel	23d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.
24. FUNERAL DIRECTOR Shepard Funeral Home	ADDRESS 1167 Hamilton	25. DATE RECD. BY LOCAL REG. JAN 9 '59	26. REGISTRAR'S SIGNATURE Paul Smith MD dem

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Elmer R. Caldwell

Licensed Embalmer No. 4077

P. O. Address St. Louis, MO

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.