

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003500

STATE FILE NUMBER

2 430

FILED JAN 28 1959

Registration District No. _____ Primary Registration District No. _____

Registration No. _____

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1-57
6
11

1. PLACE OF DEATH a. COUNTY #1 HOSPITAL			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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1515 Lafayette		Length of stay in 1b 2 hrs. 30 min	d. STREET ADDRESS (If outside, give location) 3322 LAWTON		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last REBECCA SHORBY			4. DATE OF DEATH Month Day Year Jan. 8 1959		
5. SEX FEMALE	6. COLOR OR RACE 3 NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 25, 1904	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 11 Days 17 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WARRENTON, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME NETTIE PRINTERS		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 Address 2736 MABELL TAYLOR DAYTON		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Congestion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatosis (primary could not be determined) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 199.2					INTERVAL BETWEEN ONSET AND DEATH
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.) 199.2			
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John Green</i>			22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1/13/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Jan. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY WARRENTON CEMETERY		23d. LOCATION (City, town, or country) (State) WARRENTON, MISSOURI
24. FUNERAL DIRECTOR Gus Lane 2930 Dickson		ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 13 '59	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> mfs	

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 *Leroy H. Gannister*

Licensed Embalmer No. *4523*
P. O. Address *4251 Washington*

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.