

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010977
STATE FILE NUMBER

2-2439

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAR 25 1959

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | c. CITY OR TOWN | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| 5. SEX | | 6. COLOR OR RACE | |
| 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH | |
| 9. AGE (In years last birthday) | | 10. KIND OF BUSINESS OR INDUSTRY | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 11. BIRTHPLACE (City and state or country) | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| 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 | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart failure.</i> <i>OK, 2nd cause</i> DUE TO (b) <i>Interatrial septal defect and congenital aortic stenosis (Auteunbuecher's syndrome)</i> <i>754.3</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i> <i>From birth</i> | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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. | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <i>3/6/59</i> to <i>3/7/59</i> and last saw him <i>him</i> alive on <i>3/7/59</i> Death occurred at <i>12:15 A. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) | | 22b. ADDRESS | |
| 22c. DATE SIGNED | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | |
| 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| 24. FUNERAL DIRECTOR | | 25. DATE RECD. BY LOCAL REG. | |
| ADDRESS | | 26. REGISTRAR'S SIGNATURE | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300
56
22
820
9
Secretary, coroner, etc.—most are only advisory functions. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Lawrence P. Decker

Licensed Embalmer No. *4*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.