No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015203
State File No.

MAY 1 1959

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2 2827

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis Mo
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 St Lo. Bldg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill Ills
b. COUNTY 1
c. CITY OR TOWN Decatur Ills
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 109 E. Clay Dr

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Jos. c. (Last) Jones

4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 59

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9 Unk
8. DATE OF BIRTH —
9. AGE (In years last birthday) 32 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) Unk
10b. KIND OF BUSINESS OR INDUSTRY Unk
11. BIRTHPLACE (City and State or Foreign Country) Unk
12. CITIZEN OF WHAT COUNTRY? Unk

13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service) Unk
16. SOCIAL SECURITY NO. Unk
17. INFORMANT'S SIGNATURE OR NAME R. C. Taylor Dr ADDRESS 1300 Clark

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) undetermined
DUE TO (c) (No Evidence of Trauma)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 795.5
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6 p.m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] Deputy (Degree or title) 3
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 3/18/59

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-20-59
24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon
24d. LOCATION (City, town, or county) St Louis County, Mo (State)

DATE REC'D BY LOCAL REG. MAR 20 '59
REGISTRAR'S SIGNATURE Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und. Co. ADDRESS 3100 Franklin

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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

Remains not Embalmed.