

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016119

STATE FILE NUMBER

8
FILED MAY 15 1959

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1296

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-57

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Veedersburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in lb 5 days		STREET ADDRESS (If outside, give location) R. R. #4		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First PEGGY Middle LENNE Last JOYNER			4. DATE OF DEATH Month May Day 10 Year 1959					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 9, 1957		9. AGE (In years last birthday) 1	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) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Port Lavaca, Tex.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Donald Joyner			13b. MOTHER'S MAIDEN NAME Shirley Lamb			14. NAME OF HUSBAND OR WIFE None		
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. None		17. INFORMANT Donald Joyner, R.R. #4 Veedersburg, Ind.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL OBSTRUCTION & MUCUS							INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRAIN DAMAGE							6 days	
DUE TO (c) HYPER PYREXIA							6 days	
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 5/5/59 to 5/10/59 and last saw her alive on 5/10/59 Death occurred at 2:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Henry L. Knock, M.D. (Degree or title)				22b. ADDRESS 7736 MARYLAND AVE., MO.			22c. DATE SIGNED 5/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
Burial		5/11/59	Oak Hill Cemetery			Kirkwood, Mo.		
24. FUNERAL DIRECTOR Louis H. Papp, Jr. ADDRESS Kirkwood, Mo.				25. DATE RECD. BY LOCAL REG. 5-11-59		26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Francis J. [Signature]*

Licensed Embalmer No. *4512*

P. O. Address *Richmond, 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.