

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023420

STATE FILE NUMBER
Registration District No. 25600

FILED JUN 24 1959

Registration District No. Primary Registration District No.

Registrar No. 5600

300
1-57
696

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If outside, give location) 5369 RIDGE	
3. NAME OF DECEASED (Type or print) First Middle Last COLLIE JEAN STALLWORTH		4. DATE OF DEATH Month Day Year FOUND DEAD 6-5-59	
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-12-39
9. AGE (In years last birthday) 19		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTENDANT HAMILTON MED CENTER	11. BIRTHPLACE (City and state or country) PENSICOLA FLORIDA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JIMMEY STALLWORTH	13b. MOTHER'S MAIDEN NAME MINEOLA FLYNN
14. NAME OF HUSBAND OR WIFE		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. 262-56-3322
17. INFORMANT Address LEONA MCCASKILL 1342 CLARA		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Traumatic Skull Fracture with Epidural Hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 983+ DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when beaten by	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> AND DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of PART II (item 18).) at home at 5369 Ridge Avenue about 4:30 am, June 7, 1959.	
20c. TIME OF INJURY Hour Month, Day, Year 4:30 a.m. 6. 7. 59		20d. INJURY OCCURRED WHILE AT WORK <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.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis MO	
21. I attended the deceased from #03 and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Johnson (Degree or title) Chronicler		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 6/10/59		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 6-15-59		23c. NAME OF CEMETERY OR CREMATORY OAK DALE	
23d. LOCATION (City, town, or county) (State) ST. LOUIS, CO. MO.		24. FUNERAL DIRECTOR Clayton H. Anderson ADDRESS 4481 FINNEY AVE.	
25. DATE RECD. BY LOCAL REG. JUN 11 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Director, coroner, etc.: must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

msb

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

Not Embalmed
Dry Floater
Signed
Floyd W. Anderson
Licensed Embalmer No.
P. O. Address

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.