

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030666

FILED VS. SEP 4 1959

Registration District No. Primary Registration District No. Registrar's No. 2 7763

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		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		c. CITY OR TOWN ST LOUIS	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G Phillips		d. STREET ADDRESS (If outside, give location) 4537E GARFIELD	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Lillie MUZZIE			4. DATE OF DEATH Month Day Year 8 18 59			
5. SEX F	6. COLOR OR RACE C	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-15-82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 2 Days 3	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MIL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HELINA ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME SANFORD HOGAN		13b. MOTHER'S MAIDEN NAME Josephine SMITH WALKER		14. NAME OF HUSBAND OR WIFE WALTER MUZZIE	
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.		17. INFORMANT WALTER MUZZIE GARFIELD	
				Address 4537E	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Aneurysm of Thoracic Aorta			
DUE TO (b) Generalized Arterio sclerosis			
DUE TO (c) 451X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated:

22a. SIGNATURE (Degree or title) Dora M. Stoddard		22b. ADDRESS 1300 Chest		22c. DATE SIGNED 8/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-24-1959	23c. NAME OF CEMETERY OR CREMATORY MOUNT OLIVE CEM.	23d. LOCATION (City, town, or county) Lemay, MO	
24. FUNERAL DIRECTOR A.F. WALTER 2707 Stoddard		25. DATE RECD. BY LOCAL REG. AUG 21 59	26. REGISTRAR'S SIGNATURE Earl Smith M.O.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4221

P. O. Address 3100 East

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