

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-004419

FILED VS. FEB. 1 1960 317

Registration District No. Primary Registration District No. 544 Registrar's No. 56

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD	Length of stay in ib DAYS	c. CITY OR TOWN SAPPINGTON	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St JOSEPH'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 10525 SAPPINGTON LANE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First STELLA Middle MORGAN Last MORGAN			4. DATE OF DEATH Month JAN Day 6 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/6/1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MADISON, OHIO	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME GEORGE E SMITH		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE DECEASED		
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. unk.	17. INFORMANT Address LANE EVA DOUGLAS 10525 SAPPINGTON			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction due to arteriosclerotic heart disease.		INTERVAL BETWEEN ONSET AND DEATH 11 days.
DUE TO (b) Hypertensive vascular disease		2 yr.
DUE TO (c) Diabetes Mellitus		12 yr.
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 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 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 **Jan. 2, 1960** to **Jan. 6, 1960** and last saw ^{her} ~~him~~ alive on **Jan. 5, 1960**
 Death occurred at **3:05 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. Daisy M.D.	22b. ADDRESS 714 S. KIRKWOOD RD. Kirkwood 22, Mo.	22c. DATE SIGNED 1-9-60
23a. BURIAL, CREATION, REMOVAL (Specify) REMOVAL	23b. DATE 1/7/1960	23c. NAME OF CEMETERY OR CREMATORY LOCAL
23d. LOCATION (City, town, or county) MEMPHIS, TENN.		(State)

24. FUNERAL DIRECTOR ADDRESS J L ZIEGENHEIN & SONS 7027 GRAVOIS	25. DATE RECD. BY LOCAL REG. 1-7-60	26. REGISTRAR'S SIGNATURE Jane C. Murphy M.D.
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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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 N. W. Ave

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.