

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028696

FILED VS JUL 18 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5965 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Wellston</u> <u>4281</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1415 Leroy Ave.</u>	

3. NAME OF DECEASED (Type or print) First <u>Jaunita</u> Middle <u>Pence</u> Last <u>Pence</u>			4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/31/1915</u>	9. AGE (last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Frisbee, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
---	---	---	--

13a. FATHER'S NAME <u>Frank Webb</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Rogers</u>	14. NAME OF HUSBAND OR WIFE <u>Fird Pence</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Fird Pence, 1415 Leroy Ave.</u>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cachexia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
DUE TO (b) <u>Carcinoma of bronchus c metastases</u> DUE TO (c) <u>162.1</u>		
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 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 <u>  </u> a.m. <u>  </u> p.m.	Month, Day, Year	

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 3 Jun '60 to 7 Jun '60 and last saw him alive on 5 June '60  
Death occurred at 6:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John L. Hunter, Jr., M.D.</u> (Degree or title)	22b. ADDRESS <u>1641 S. Kingshighway</u>	22c. DATE SIGNED <u>9 June '60</u>
--	---	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Reddenbow Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Corning, Ark.</u>
---	----------------------------	---	---

24. FUNERAL DIRECTOR <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>JUN 10 1960</u>	26. REGISTRAR'S SIGNATURE <u>Coart Smith, M.D.</u>
---	--	---

DOCUMENT

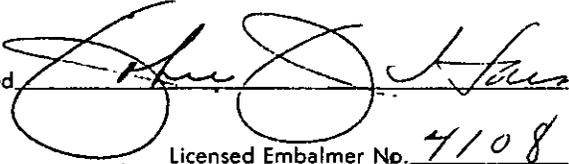
MEDICAL CERTIFICATION

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. 4108  
P. O. Address St Louis

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.