

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1960  
 XC-1 439 399  
 DEED

8320-60-032967  
 STATE FILE NUMBER

DOCUMENT

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 TOWNST. LOUIS, MO.		Length of stay in 1b 16 DAYS		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4130 LEXINGTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last IRA TOMPKINS				4. DATE OF DEATH Month Day Year 8/22/60			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/15/99	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and state or country) FORREST CITY, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM TOMPKINS			13b. MOTHER'S MAIDEN NAME SARAH SPRUER			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) YES <input checked="" type="checkbox"/> <u>WW-1</u>			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address LUELLA CLAY (SISTER) 4604A LABADIE AVE.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURE OF DISSECTING ANEURYSM OF ASCENDING AORTA DUE TO ARTERIOSCLEROSIS DUE TO (b) - - - - - DUE TO (c) - - - - - 451X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) 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							INTERVAL BETWEEN ONSET AND DEATH 16 DAYS
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 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 <u>VA</u> <u>8/6/60</u> to <u>8/22/60</u> and last saw <u>him</u> live on <u>8/22/60</u> Death occurred at <u>8:20 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Francis Cary</i> M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 8/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-26-60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
24. FUNERAL DIRECTOR ADDRESS Atkins Bros. 3644 Finney Ave.			25. DATE RECD. BY LOCAL REG. AUG 24 1960		26. REGISTRAR'S SIGNATURE <i>Loan Smith</i> M.D.		

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

*John X. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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