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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | a. STATE <u>Mo</u> b. COUNTY <u>ST. FRANCOIS</u> | |
| Length of stay in 1b <u>5 DAYS</u> | | c. CITY OR TOWN <u>Blackwell</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDINAL Glennon Hosp</u> | | d. STREET ADDRESS (If outside, give location) <u>Gen'l. Delivery</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>MARK</u> Middle <u>ELLIOTT</u> Last <u>Missey</u> | | | 4. DATE OF DEATH Month <u>9</u> Day <u>22</u> Year <u>60</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-30-60</u> | 9. AGE (last birthday) <u>23</u> | IF UNDER 1 YEAR Months <u>23</u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and state or country) <u>Potosi, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Joseph Missey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Theresa Portell</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</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>none</u> | | 17. INFORMANT <u>Joseph Missey-Blackwell, Mo.</u> | |

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| 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>Epidermolysis Bullosa - Possible Septicemia</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | |
| DUE TO (b) | | |
| DUE TO (c) | | <u>759.1</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 type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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> Month, Day, Year <u> </u> | 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>September 17</u> to <u>September 22</u> and last saw him alive on <u>September 22</u> Death occurred at <u>9:21 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE (Degree or title) <u>Margaret L. Cole, M.D.</u> | | 22b. ADDRESS <u>Cardinal Glennon Hospital</u> | | 22c. DATE SIGNED <u>9/22</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>9-24-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u> | 23d. LOCATION (City, town, or county) (State) <u>Tiffin, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Mothershead DeSoto, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>SEP 22 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Road 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 J Lee Mathurson

Licensed Embalmer No. 353

P. O. Address De Soto, N

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.