

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3 JAN 16 1961  
AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 129 STATE FILE NUMBER 61-003563

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

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>				Length of stay in 1b		c. CITY OR TOWN <u>Piedmont</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Piedmont</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lucy Jane Reese</u>				4. DATE OF DEATH Month Day Year <u>January 3, 1961</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/17/1888</u>	
9. AGE (last birthday) <u>72</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>Bunker, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>John Dobbs</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Miner</u>		14. NAME OF HUSBAND OR WIFE <u>John</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 Address <u>Troy Reese, 1110 Flora Lane-Florissant, Mo.</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>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>420.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diabetes mellitus</u>							INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
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. 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 <u>1.14.59</u> to <u>1.3.61</u> and last saw her alive on <u>1.3.61</u> Death occurred at <u>1:35 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chas. Jost M.D.</u>				22b. ADDRESS <u>6000 W Florissant</u>		22c. DATE SIGNED <u>1.4.61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-4-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Piedmont, Mo.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS <u>Gish Funeral Home, Piedmont, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>JAN 5 1961</u>		26. REGISTRARS SIGNATURE <u>Carl Smith, M.D.</u>	

Gish Funeral Home, Piedmont, Mo.

JAN 5 1961

Carl Smith, M.D.

STATE FILE NUMBER

COUNTY

Yes  No

Yes  No

Yes  No

STATE EMBALMER NUMBER

CITY OR WHAT COUNTRY

NAME OF THE BOARD OF ABBERS

INTERVAL BETWEEN ONSET AND DEATH

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Harry E Monroe*

Licensed Embalmer No. \_\_\_\_\_

4495

P. O. Address \_\_\_\_\_

*St. Louis Mo*

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.

EMBALMER SIGNATURE