# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006537
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1774

FILED VS MAR 1 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILL b. COUNTY ST CLAIR
c. CITY OR TOWN EAST ST LOUIS Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 816 SUMMIT Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BOBBY Middle LEE Last HAPPY
4. DATE OF DEATH Month FEBRUARY Day 20 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-29-39
9. AGE (last birthday) 21
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) PRODUCTION WORKER
10b. KIND OF BUSINESS OR INDUSTRY McDONNELL AIRCRAFT
11. BIRTHPLACE (City and state or country) E. ST. LOUIS ILL
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME MILTON HAPPY
13b. MOTHER'S MAIDEN NAME EDNA CLOT FELTY
14. NAME OF HUSBAND OR WIFE GLYNNELLE HAPPY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service)
17. INFORMANT Mrs. Glynnelle Happy Address E. St Louis Ill

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: SEVERAL MOS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CHRONIC PYELONEPHRITIS — SEVERAL YRS.
DUE TO (c) 600.0
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 FEB. 1, 1961 to FEB. 20, 1961 and last saw her/him alive on FEB. 20, 1961
Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Vermillion, M.D. (Degree or title) M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 2/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-23-61
23c. NAME OF CEMETERY OR CREMATORY NATIONAL
23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO
24. FUNERAL DIRECTOR JOHN J KASSLY ADDRESS E. St Louis
25. DATE RECD. BY LOCAL REG. FEB 21 1961
26. REGISTRAR'S SIGNATURE Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

## 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 John J. Kously III

Licensed Embalmer No. 5034

P. O. Address E. 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.