

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026389

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 148

FILED JUN 28 1961

AMENDED

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. Charles</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>ST. Charles</u>           |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Charles</u> Length of stay in 1b  |   | c. CITY OR TOWN <u>O'Fallon</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Joseph Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | d. STREET ADDRESS (If outside, give location) <u>115 Church ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Therese</u> Last <u>Korman</u>   |   |  | 4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>1961</u>  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</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>6/14/61</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>20</u> <u>85</u>   |
| 11. BIRTHPLACE (City and state or country) <u>Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Lewis Anthony Korman</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hamann</u>  |  |
| 14. NAME OF HUSBAND OR WIFE  |   | 17. INFORMANT <u>Mary Hamann Korman - 115 Church, O'Fallon Mo.</u> Address   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |   | 16. SOCIAL SECURITY NO. <u>                    </u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hyaline Membrane Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs.</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prematurity</u><br>DUE TO (c) <u>Caesarian Section</u> <u>20 hrs.</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.<br><input type="checkbox"/> Yes <input 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 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>7:00AM 6-15</u> to <u>5:45PM 6-15</u> and last saw her alive on <u>5:45 PM</u><br>Death occurred at <u>5:45 PM June 15</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE (Degree or title) <u>R. P. Hemmes M.D.</u>  |   | 22b. ADDRESS <u>207 N 5th St Charles</u>   | 22c. DATE SIGNED <u>6/15/61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>6/17/61</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Assumption Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>O'Fallon, Mo.</u>   |
| 24. FUNERAL DIRECTOR <u>Keithly Davis Funeral Home</u> ADDRESS <u>O'Fallon, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>JUNE 17-61</u>   | 26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>   |

**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 Jeremy A. Davis

Licensed Embalmer No. 5139

P. O. Address O'Fallon, 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.