

318

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6569

61-027151
 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED JUL 26 1961

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis: | | Length of stay in 1b | c. CITY OR TOWN St. Louis: |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips | | Inside Limits <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1037a N. Vandeventer |
| Reside on Farm Yes <input 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 Annie Middle Jean Last MOTON, | | | 4. DATE OF DEATH Month July Day 11, Year 1961 | | |
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|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|-------------------------------------------------------------------|------------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2/22/36 | 9. AGE (last birthday) 25 | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|-------------------------------------------------------------------|------------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Lauderdale, Miss. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Willie Bell Butchee | 13b. MOTHER'S MAIDEN NAME Josephine Clayton | 14. NAME OF HUSBAND OR WIFE Wilbur C. Moton |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Wilbur C. Moton, 1037a N. Vandeventer | Address |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Pulmonary Edema bilateral; | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Cirrhosis of the liver 3rd stage. | |
| | DUE TO (c) 581.0 | |

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| 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 checked="" 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year |
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| 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 _____ to _____ and last saw her/him alive on _____.
 Death occurred at _____ **5:40 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Paul J. Simon | (Degree or title) Dep. Cor. | 22b. ADDRESS 1300 Clark Ave. | 22c. DATE SIGNED 7/13/61 |
|----------------------------------------|---------------------------------------|----------------------------------------|------------------------------------|

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|-------------------------------------------------------------|-----------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 7/17/61 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | 23d. LOCATION (City, town, or county) Jefferson Barracks, Mo. | (State) |
|-------------------------------------------------------------|-----------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|---------|

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| 24. FUNERAL DIRECTOR Cunningham & Moore, 2405 Marcus | ADDRESS | 25. DATE RECD. BY LOCAL REG. JUL 14 1961 | 26. REGISTRAR'S SIGNATURE Lead Smith M.D. |
|--------------------------------------------------------------------|---------|----------------------------------------------------|-----------------------------------------------------|

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 K. 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 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.