

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35453**
9220

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN Overland)	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) N.W. - 9518 Bataan Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Franklin	c. (Last) Ousley	4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1887	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	IF UNDER 1 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baggage Handler	10b. KIND OF BUSINESS OR INDUSTRY Terminal R. R.	11. BIRTHPLACE (State or foreign country) Crawford County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Crawford Ousley	13b. MOTHER'S MAIDEN NAME Catherine Cox	14. NAME OF HUSBAND OR WIFE Geneva Ousley
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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'S SIGNATURE OR NAME ADDRESS Mrs. Geneva Ousley 9518 Bataan Dr. Overland, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Coronavirus of Stomach 2 years DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Oct 21 49	19b. MAJOR FINDINGS OF OPERATION Clonus of Colon	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 46 (MO)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X
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22. I hereby certify that I attended the deceased from **Sept 15 1949**, to **Oct 26 1949**, that I last saw the deceased alive on **Oct 16 1949**, and that death occurred at **1:58 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John H. Williams M.D.	23b. ADDRESS Mo Pacific Hosp.	23c. DATE SIGNED Oct 26 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-29-49	24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. OCT 27 1949	REGISTRAR'S SIGNATURE J. B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

3737

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 this body is not embalmed, fact should be so stated above.