

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18160
4195

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	
b. CITY (If outside corporate limits, write RURAL and give township) ST Louis		b. COUNTY Jefferson	
c. LENGTH OF STAY (in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) Festus 12501	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp		d. STREET ADDRESS (If rural, give location) North Woodrow	

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) Alice Mary Alice Fast			4. DATE OF DEATH (Month) (Day) (Year) May 7th 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 23, 1914		9. AGE (In years last birthday) 35		10. IF UNDER 1 YEAR Months Days Hours Min. 6 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) De Soto, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Henry Harris		13b. MOTHER'S MAIDEN NAME Bertha Williams		14. NAME OF HUSBAND OR WIFE Ivan Fast	
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.		17. INFORMANT'S SIGNATURE OR NAME Susan Fast Festus, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix uteri		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.			
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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 171A	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. O'Neil M.D.		23b. ADDRESS 634 N. 1/2 E. 1st		23c. DATE SIGNED 5-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Game	
24d. LOCATION (City, town, or county) (State) Festus, Mo					

DATE REC'D BY LOCAL REG. MAY 9 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Catherine K. Sollette Crystallite	
				ADDRESS mo	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Gentry R. Polite
.....
Licensed Embalmer No. 3481

P. O. Address

Crystal City
.....

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: