No. 300
10-48

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18404

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 5215

953
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr. Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 N. 9th Dr

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis 2259
d. STREET ADDRESS (If rural, give location) 5 N. 9th Dr

3. NAME OF DECEASED (Type or Print) a. (First) Spencer b. (Middle) c. (Last) Moody

4. DATE OF DEATH (Month) (Day) (Year) 5 21 51

5. SEX Mag

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Apr 18 73

9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk

10b. KIND OF BUSINESS OR INDUSTRY Unk

11. BIRTHPLACE (State or foreign country) Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unk

13b. MOTHER'S MAIDEN NAME Unk

14. NAME OF HUSBAND OR WIFE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service) Unk

16. SOCIAL SECURITY NO. Unk

17. INFORMANT'S SIGNATURE OR NAME F. O. Jay N ADDRESS 1300 Clark

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypostatic Pneumonia

DUE TO (c) Infected Abrasion

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. of Scalp

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION E 9369 47

20. AUTOPSY? YES ☒ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 5 [illegible]

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 8 am m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Tuesman Deputy Coroner (Degree or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 5/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 6 JUN 7 1951

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. JUN 7 1951

REGISTRAR'S SIGNATURE J B Foster

25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. **ADDRESS** 4804 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.