

FILED MAY 19 1952

STANDARD CERTIFICATE OF DEATH

State File No. 18669
Registrar's No. 4089

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
c. LENGTH OF STAY (in this place) 1 month		d. STREET ADDRESS (If rural, give location) 6161 McPherson	
d. FULL NAME OF HOSPITAL OR INSTITUTION res. 6161 McPherson			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Richard c. (Last) Wayne		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH June 26, 1861 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. R.R. employee		10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.	11. BIRTHPLACE (State or foreign country) Mexico, Audrain Co., Mo.
13a. FATHER'S NAME Temple Wayne		13b. MOTHER'S MAIDEN NAME Sally Ann Johnson	14. NAME OF HUSBAND OR WIFE Anna Wayne

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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. P. Jones, 6161 McPherson	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Large tumor lower lobe of lung (Type of tumor not identified)		INTERVAL BETWEEN ONSET AND DEATH considerable time
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from April 5, 1952, to April 30, 1952, that I last saw the deceased alive on 4/30, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS 46 N. Taylor Ave.	23c. DATE SIGNED 5/1/52
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24a. BURIAL CREMATION, REMOVAL (Specify) removal	24b. DATE 5/2/52	24c. NAME OF CEMETERY OR CREMATORY Moberly Cemetery	24d. LOCATION (City, town, or county) (State) Moberly, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 1 1952	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr Hendiss
462 N Taylor
1030 - 130

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 Embalmer No.

Signed.....
Student Embalmer

Signed Joe. E. McCulloch

Licensed Embalmer No. 2960

P. O. Address 6175 Delmar

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.