

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8203

State File No.

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 569

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri		b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY OR TOWN Ellsberry	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maplewood Nursing Home		e. STREET ADDRESS (If rural, give location) Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Sejus			b. (Middle) Gabriella			c. (Last) Damron			4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1953		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec. 13, 1852		9. AGE (In years last birthday) 100		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hour Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (City and State or Foreign Country) Lynchburg, Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME James Lewis Crank			13b. MOTHER'S MAIDEN NAME Susan Fortueran			14. NAME OF HUSBAND OR WIFE Charles		
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Molly Sue Bibbs, 529 Tuxedo			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis of cerebral vessels						INTERVAL BETWEEN ONSET AND DEATH Several years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis						Many years	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						334X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 10, 1948, to Feb. 17, 1953, that I last saw the deceased alive on Feb. 16, 1953, and that death occurred at 1:00a m., from the causes and on the date stated above.

23a. SIGNATURE James B. Jones (Degree or title) MS		23b. ADDRESS 337 W. Lockwood Webster Groves 19, Mo.		23c. DATE SIGNED Feb. 17, 1953	
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 2-17-53		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Ellsberry, Mo.	
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DATE REC'D BY LOCAL REG. 2-17-53		REGISTRAR'S SIGNATURE Hester O. Douch		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dalbert H. Hoppe, 4700 Washington Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 S. Henne*
Licensed Embalmer No. *419*
P. O. Address *St Louis*

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.