

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3109

State File No.

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0762

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN			c. LENGTH OF STAY (In this place)			c. CITY OR TOWN		
d. FULL NAME OF HOSPITAL OR INSTITUTION			STREET ADDRESS (If rural, give location)			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year)			5. SEX			6. COLOR OR RACE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH (In year last birthday)			9. AGE (In years) (Months) (Days) (Hours) (Min.)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country)		
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		
14. NAME OF HUSBAND OR WIFE			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			ADDRESS			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
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?		
22. I hereby certify that I attended the deceased from <u>Mar 1936</u> , to <u>Jan 25, 1954</u> , that I last saw the deceased alive on <u>Jan 23, 1954</u> , and that death occurred at <u>3:30</u> p. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title)			23b. ADDRESS			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify)			24b. DATE			24c. NAME OF CEMETERY OR CREMATORY		
24d. LOCATION (City, town, or county) (State)			DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

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 J M Davis

Licensed Embalmer No. 374

P. O. Address 2929 20th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.