No. 300
10-48

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

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20374

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5154

1. PLACE OF DEATH
a. COUNTY: St Louis Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis U
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): Mo. Pac. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole 0264
c. CITY OR TOWN: Jefferson City Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 221 West Mc Carty

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Robert
c. (Last): Day

4. DATE OF DEATH (Month) (Day) (Year): June 9 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower's
8. DATE OF BIRTH: Sept 17-1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 8, Days 22 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (City and State or Foreign Country): Greenridge, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: (Unknown) Day
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Nina
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: 704-12-4724
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Gillespie Funeral Home Sedalia 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

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) Early Cirrhosis
DUE TO (c) Ascites & Portal Obstruction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-1-54
19b. MAJOR FINDINGS OF OPERATION: Anik - Crosby-Cooney operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

5810

22. *I hereby certify that I attended the deceased from* May 11, 1954, *to* June 9, 1954, *that I last saw the deceased alive on* 11:20 AM, 1954, *and that death occurred at* 11:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph A. Lembak MD
23b. ADDRESS: 1755 S. Grand
23c. DATE SIGNED: 6-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/11/54
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sedalia Missouri

DATE REC'D BY LOCAL REG.: JUN 9 1954
REGISTRAR'S SIGNATURE: Carl Smith MD
MKB
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ambruster Mortuary 6633 Clayton Road

(Licensed Embalmer's Statement on Reverse Side)

JUN 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ernest W. Spil

Licensed Embalmer No. 408

P. O. Address .....

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