

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25595

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1602

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Ferguson</u>		c. CITY OR TOWN <u>Ferguson</u> <u>4119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>326 Roberta</u>		e. STREET ADDRESS <u>326 Roberta</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Owen</u>	
c. (Last) <u>Cutright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-4-1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7-8-1904</u>	
9. AGE (In years last birthday) <u>49</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ozark Airlines</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Greenup, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Renzo Cutright</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Pilgrim</u>	
14. NAME OF HUSBAND OR WIFE <u>Ozella L. Cutright</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give year or dates of service) <u>yes World War I</u>	
16. SOCIAL SECURITY NO. <u>106-05-1330</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ozella Cutright-Ferguson, Mo.</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> 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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>7-4-1954</u> , to <u>7-4-1954</u> , that I last saw the deceased alive on <u>never saw him alive</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Jack Steele M.D.</u> (Degree or title)		23b. ADDRESS <u>40 N. Florissant Rd. Ferguson, Mo.</u>	
23c. DATE SIGNED <u>7-6-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>7-7-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Chapel, Ferguson, Mo.</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>7/6/54</u>		REGISTRAR'S SIGNATURE _____	

✓ **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 *Eleanora Province*.....

Licensed Embalmer No. *34*.....

P. O. Address *Jennings*.....

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