

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17358

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1137</u>			
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch</u>		c. LENGTH OF STAY (in blocks) <u>20 mos</u>		c. CITY OR TOWN <u>Koch 488</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROCK HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>RURAL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ATCKLEY</u>			b. (Middle) <u>T</u>		c. (Last) <u>MORRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 19 55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>1-8-01</u>		9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of last year, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Wm J MORRIS</u>			13b. MOTHER'S MAIDEN NAME <u>GEORGIA MORGENTHAU</u>			14. NAME OF HUSBAND, OR WIFE <u>J. W. BAYLOR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY (If yes, give reason date of service) <u>Nil.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Murphy, M.D.</u>		ADDRESS <u>Koch Hospital</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA, RT LUNG</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ATELECTASIS, POST OPERATIVE</u> DUE TO (c) <u>THORACOPLASTY, RT</u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MALNUTRITION</u>					
19a. DATE OF OPERATION <u>5-16-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>EMPHYSEMA BRONCHOPLEURAL FISTULA, RT</u>						20. AUTOPSY? YES <input checked="" 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>15 APR 1955</u> to <u>19 MAY 1955</u> that I last saw the deceased alive on <u>19 MAY 1955</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or Title) <u>Jerome P Murphy M.D.</u>					23b. ADDRESS <u>Koch Hospital</u>		23c. DATE SIGNED <u>5/20/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Tenn.</u>			
DATE REC'D BY LOCAL REG. <u>5/20/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domske M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>				

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 *Elton R. Remelvas*

Licensed Embalmer No. *428*

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.