

2903

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 26 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 274

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

REGISTRAR'S NO. ....

274

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 town) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 7 days		c. CITY OR TOWN Alton	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS 3010 Watalee		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) Daniel b. (Middle) P. c. (Last) Needham			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 30, 1907	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elect.-Foreman		10b. KIND OF BUSINESS OR INDUSTRY Laclede Steel Co. White Hall, Illinois		11. BIRTHPLACE (City and State or Foreign Country) Alton, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Joseph Needham		13b. MOTHER'S MAIDEN NAME Mary Angeline Tucker	
14. NAME OF HUSBAND OR WIFE Florence Chrissman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Florence Needham		ADDRESS Alton, Ill.		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.	
19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation - acute INTERVAL BETWEEN ONSET AND DEATH 1 mo. ANTECEDENT CAUSES DUE TO (b) Rheumatic Heart Disease 5 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Min.)		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 Jan 1, 1956, to Jan. 7, 1956, that I last saw the deceased alive on Jan. 7, 1956, and that death occurred at 9:45A m., from the causes and on the date stated above.					
23a. SIGNATURE F R Bradley		(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 1/7/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-10-56	
24c. NAME OF CEMETERY OR CREMATORY Upper Alton		24d. LOCATION (City, town, or county) (State) Alton, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE O. Herrick Smith	
DATE REC'D BY LOCAL REG. JAN 9 1956		REGISTRAR'S SIGNATURE Carl Smith		ADDRESS Alton, Ill.	

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

(Licensed Embalmer's Statement on Reverse Side)

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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..... *O. Derrell Smith*.....

Licensed Embalmer No.....

P. O. Address.....

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.