

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4303

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>76</u>			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. LENGTH OF STAY (In this place) 8 dys		c. CITY OR TOWN Morrellton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital				STREET ADDRESS (If rural, give location) St. Clair Route 2				0360	
3. NAME OF DECEASED (Type or Print) William P Demos			a. (First) P			b. (Middle) Demos			
4. DATE OF DEATH Mar. 5, 1956			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Sept. 16, 1897			9. AGE (In years last birthday) 58			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pie Salesman			10b. KIND OF BUSINESS OR INDUSTRY Pie Company			11. BIRTHPLACE (City and State or Foreign Country) Soplice, Greece			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Not Known			13b. MOTHER'S MAIDEN NAME Not Known			
14. NAME OF HUSBAND OR WIFE Ruby Demos			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 493-01-5158			
17. INFORMANT'S SIGNATURE OR NAME Ruby Demos			ADDRESS Morrellton, Mo.			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Left Ventricular Failure						1 wk			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.						DUE TO (b) MYOCARDIAL INFARCTION			
DUE TO (c) MULTIPLE ARRHYTHMIAS						??			
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			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) 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>2-27</u> , 19 <u>56</u> , to <u>3-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-5</u> , 19 <u>56</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE John Paul M... (Degree or title)						23b. ADDRESS St. Clair, Mo.		23c. DATE SIGNED 3-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-56		24c. NAME OF CEMETERY OR CREMATORY Anaconda Cemetery		24d. LOCATION (City, town, or county) (State) St. Clair, Mo.			
DATE REC'D BY LOCAL REG. 3/7/56		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS St. Clair, Mo.				

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

MAR 16 1950

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 *H. M. Lemot*

Licensed Embalmer No. *3601*

P. O. Address: *St. Clair, La.*

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.