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FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17677

State File No.

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 4167

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|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 4167 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>14 days</u> | | c. CITY OR TOWN <u>Liberty</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>St. Louis Children's Hosp</u> | | | | e. STREET ADDRESS (If rural, give location) <u>6001</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Cecil</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-56</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH <u>9-14-54</u> | |
| 9. AGE (In years last birthday) <u>1</u> | | IF UNDER 1 YEAR Month <u>7</u> Days <u>12</u> | | IF UNDER 24 HRS. Hour <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Earl W. Cecil</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sandra Sutton</u> | | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Johnston 500 S. King Highway</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tetology of Fallot</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hydrocephalus</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>life</u> <u>life</u> | |
| 19a. DATE OF OPERATION <u>4-26-56</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Tetology of Fallot</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>4-13</u> , 19 <u>56</u> , to <u>4-26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-26</u> , 19 <u>56</u> , and that death occurred at <u>1:15 pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Irissa J. Vietti MD</u> (Degree or title) | | | 23b. ADDRESS <u>St. Louis Childrens Hospital</u> | | | 23c. DATE SIGNED <u>4/27/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4/29/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Motor to Independence Missouri</u> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <u>APR 27 1956</u> | | REGISTRAR'S SIGNATURE <u>Earl Smith md</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd</u> | | | |

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

Motor

REC-61 31 7021

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..... *Albert R. Thompson*

Licensed Embalmer No..... 44

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.