

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21788

State File No. _____

FILED JUN 20 1956

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|--|-------------------------------|--|---|--|--|--|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5513 | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Huttig | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. | | c. LENGTH OF STAY (in this place) 5 Days | | c. CITY OR TOWN Strong | | 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 St. Louis Childrens | | | | e. STREET ADDRESS (If rural, give location) R. # 1 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Samuel J. b. (Middle) _____ c. (Last) EZEILE Jr. | | | 4. DATE OF DEATH (Month) (Day) (Year) 6-8-56 | | | | | |
| 5. SEX M. | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH 9-20-45 | | 9. AGE (In years last birthday) 10 | IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) RT. 1, HUTTIG CO., STRONG, ARK. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13a. FATHER'S NAME Samuel J. EZEILE Sr. | | | 13b. MOTHER'S MAIDEN NAME Mattie Lee Diddle | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS F. LIVINGSTON - 500 S. KINGSHIGHWAY | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest ANTECEDENT CAUSES DUE TO (b) Pulmonary Valvulotomy for Pulmonary Stenosis DUE TO (c) Tetralogy of Fallot II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION 6/8/56 | | 19b. MAJOR FINDINGS OF OPERATION Pulmonary stenosis | | | | 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) _____ | | 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 6-3 , 19 56 , to 6-8 , 19 56 , that I last saw the deceased alive on 6-8 , 19 56 , and that death occurred at 3:45 m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Isidore J. Vetti MD | | | | 23b. ADDRESS 500 S. KINGSHIGHWAY | | 23c. DATE SIGNED 6-9-56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6-9-56 | 24c. NAME OF CEMETERY OR CREMATORY Local | | 24d. LOCATION (City, town, or county) (State) El Dorado, Ark. | | | |
| DATE REC'D BY LOCAL REG. JUN 9 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd | | | | |

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

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 *Stanley H. DeLou*.....

Licensed Embalmer No. *419*.....

P. O. Address *S. L.*.....

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.