

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43003

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11457

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 724 Belt Ave.,		Length of stay in 1b 3 years 2/29	d. STREET ADDRESS 724 Belt Avenue.,		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Otto Augustus Field			4. DATE OF DEATH Month Day Year December 12, 1956		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 16, 1905	9. AGE (In years last birthday) 51 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Tool Room	11. BIRTHPLACE (City and state or country) Benton, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Arestus W. Field			14. MOTHER'S MAIDEN NAME Leona McLeod		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Charles Phillips, 8332 Fads Ave.,		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary Congestion</u> <u>Pulmonary congestion</u> DUE TO (c) <u>Pulmonary congestion</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Yes</u> <u>4:20</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>My</u> <u>12/14/56</u>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <u>October 20, 1956</u> to <u>Nov 7, 1956</u> and last saw her/him alive on <u>Nov 7, 1956</u> . Death occurred at <u>5:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Wilbur F. Marsh</u> (Degree or title) <u>B.C.</u>		22b. ADDRESS <u>7444 Delmar Blvd.</u>		22c. DATE SIGNED <u>12-12-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-12-56	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		23d. LOCATION (City, town, or county) (State) Walnut Ridge, Arkansas.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington		25. DATE RECD. BY LOCAL REG. DEC 13 1956		26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u> <u>m88</u>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

This allopathic diagnosis is made  
for the purpose of this certificate  
Dr. W. F. M.

JAN 21 1959

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 *Robert M. Murray*  
.....

Licensed Embalmer No. *3*

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.