

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6169

FILED FEB 25 1957

STATE FILE NUMBER 835

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

1. PLACE OF DEATH a. COUNTY <i>None</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>		Length of stay in 1b	d. STREET ADDRESS <i>826 No. 23rd</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Pamela</i> Middle <i>Fair</i> Last <i>Fair</i>			4. DATE OF DEATH Month <i>1</i> Day <i>24</i> Year <i>57</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-2-1899</i>	9. AGE (In years last birthday) <i>56</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Marion, Ark</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Joe Lane</i>			14. MOTHER'S MAIDEN NAME <i>Mama Link</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Dornella Budgett</i> Address <i>826 No 23rd St</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Insufficiency</i>					INTERVAL BETWEEN ONSET AND DEATH <i>undet.</i>
Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive Cardiovascular Disease</i>					<i>undet.</i>
DUE TO (c) <i>443x</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Hemorrhoids Internal and External with bleeding Anemia due to Blood loss</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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.)		
20c. TIME OF INJURY Hour <i>a. m.</i> Month <i>p. m.</i> Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <i>1-22-57</i> to <i>1-24-57</i> and last saw her alive on <i>1-24-57</i> Death occurred at <i>11:45 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Hugh Waters</i> (Degree or title) <i>M.D.</i>			22b. ADDRESS <i>2601 Whittier Street</i>		22c. DATE SIGNED <i>1-25-57</i>
23. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>1-26-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Marion, Ark</i>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>Thomas Jackson</i> ADDRESS <i>2726 Patton</i>		25. DATE RECD. BY LOCAL REG <i>JAN 26 '57</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, m.d.</i> <i>S.P.</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *John K. Cunningham*

Licensed Embalmer No. *44*

P. O. Address *2705 M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.