

State resident

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

6663

STATE FILE NUMBER

1003

Registrar's No. 786

Registration District No. 318 Primary Registration District No. 1003

Health, Welfare, Public Service

300 7-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN GRANITE CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. BAPTIST		d. STREET ADDRESS 4025 PONTOON RD.	
Length of stay in lb 1 WEEK		If outside, give location	
3. NAME OF DECEASED (Type or print) First BOBBY Middle JOE Last STOUT		4. DATE OF DEATH Month 1 Day 23 Year 1957	
5. SEX MALE	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 1-17-1934
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY SWIFT PACKING	11. BIRTHPLACE (City and state or country) GRANITE CITY, ILL.
13. FATHER'S NAME EARL STOUT		14. MOTHER'S MAIDEN NAME EDITH WIBSON	
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.	
17. INFORMANT Ida M Stout		Address 4025 Pontoon Rd Granite City, Ill	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Softening of the Brain (traumatic) suffered in auto accident in vicinity of French Village Illinois DUE TO (b) in auto accident in vicinity of French Village Illinois DUE TO (c) of French Village Illinois PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Madison County on January 16th, 1957.			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) of same could not be determined		
20a. TIME OF INJURY Hour 6:25 Month, Day, Year 1-24-57	20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 32		
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20d. CITY, TOWN, OR LOCATION 33 812 COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) Patrick E. Helms Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 1-24-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-24-1957	23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL	23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS
24. GENERAL DIRECTOR Frank Merces		25. DATE RECD. BY LOCAL REG. JAN 25 '57	
ADDRESS Granite City		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

S.P.

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 *Charles E. Mercer*.....

Licensed Embalmer No. *298*

P. O. Address *Frank*.....

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.