Health, Welfare Public Service

. 300
. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14385

STATE FILE NUMBER

FILED APR 18 1957

17334-57 Registration District No. 316 Primary Registration District No. 3054 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY: St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre, Mo — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence — Length of stay in Ib: I Month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Francois
c. CITY OR TOWN: Bonne Terre, Mo 0941 0 — Inside Limits: Yes X No ☐
d. STREET ADDRESS: 407 Ash (If outside, give location) — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Deborah Middle: Kay Last: Topping

4. DATE OF DEATH: Month: April Day: 8 Year: 1957

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** X **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: March 7 1957

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months: I Days: I — IF UNDER 24 HRS.: Hours: Min.:

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 country): Farmington, Mo 0

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wilbert Topping

14. MOTHER'S MAIDEN NAME: Ruth Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Wilbert Topping. Address: Bonne Terre, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Inadequate feeding by
DUE TO (c): parents 9269

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 46

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April 5, '57 to April 8, '57 and last saw her ~~him~~ alive on April 5, 1957
Death occurred at 7 30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. Foster (Degree or title): M.D. 0

22b. ADDRESS: Desloge Missouri

22c. DATE SIGNED: April 9, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 11, '57

23c. NAME OF CEMETERY OR CREMATORY: Germinia Cem.

23d. LOCATION (City, town, or county) (State): Near Bonne Terre, Mo

24. FUNERAL DIRECTOR ADDRESS: Sparks Funeral Home Bonne Terre, Mo

25. DATE RECD. BY LOCAL REG.: April 9, 1957

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

'9 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks.....

Licensed Embalmer No. 433

P. O. Address Fort River N

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