

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15788**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **918**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. LENGTH OF STAY (In this place) 20 Mos.	c. CITY OR TOWN Manchester
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) LENORA		b. (Middle) JANE	
		c. (Last) STORY	
4. DATE OF DEATH (Month) (Day) (Year) April 5, 1957		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12-27-1877		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Retired-Sewing	
11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Duncan		13b. MOTHER'S MAIDEN NAME Nancy Hale	
14. NAME OF HUSBAND OR WIFE Robert (Deceased)		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. 491-14-9842		17. INFORMANT'S SIGNATURE OR NAME Alma Yaney, 2920 Wyoming, St. Louis	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis; Senility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42211	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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) m.		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 Jan 24, 1957 , to April 4, 1957 , that I last saw the deceased alive on April 4th, 1957 , and that death occurred at 4:40 A. M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Ralph W. Zaffey, R.O.		23b. ADDRESS Box 122 Manchester, Mo	
23c. DATE SIGNED 4-15-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4-7-1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN'S, 2301 Lafayette, (4)	
DATE REC'D BY LOCAL REG. 4-6-57		REGISTRAR'S SIGNATURE Herbert B. Donahoe	

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 *James P. Chapman*
Licensed Embalmer No. *4550*
P. O. Address *St. Louis, Mo.*

**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.**