

STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1957

19423

STATE FILE NUMBER

318

1003

4553

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Pacific 0360 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital 8 Wks			Length of stay in 1b 8 Wks		d. STREET ADDRESS (If outside, give location) 3/ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alta Middle Virginia Last Wells			4. DATE OF DEATH Month May Day 10, Year 1957		
5. SEX Female	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 Jan. 20, 1901	9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Bellflower, Mo.	
13. FATHER'S NAME Wm. H. Hoss			14. MOTHER'S MAIDEN NAME Florence Muns		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. None		17. INFORMANT Address George Wells, Pacific, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage into kidneys & gastrointestinal					INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Anticoagulant Therapy of Thrombophlebitis					1 month
DUE TO (c) Granuloma of Brain					6 to 12 mon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>					
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 April 5, 1957 to 5-13-57 and last saw her ^{her} _{him} alive on 5-11-57 Death occurred at 6:52 PM on the date stated above; and to the best of my knowledge, from the causes stated					
22a. SIGNATURE (Degree or title) G. H. Lawrence, MD			22b. ADDRESS 607 N. Grand Ave		22c. DATE SIGNED 5-13-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-11-57	23c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery		23d. LOCATION (City, town, or county) (State) Pacific, Mo.
24. FUNERAL DIRECTOR Thibest Funeral Home, Pacific, Missouri		ADDRESS		25. DATE RECD. BY LOCAL REG. MAY 13 '57	26. REGISTRAR'S SIGNATURE Pearl Smith MD

MAY 27 1957

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 J. Haines* Licensed Embalmer No. 4110

P. O. Address *St. Louis*

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.