

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

State File No. **2923**
Registrar's No. **923**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Infirmary		e. STREET ADDRESS (If rural, give location) 2610 5325 MAFFITT	
3. NAME OF DECEASED a. (First) SALENA b. (Middle) (HARRIS) c. (Last) FURLOUGH		4. DATE OF DEATH (Month) (Day) (Year) 1 23 58	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-7-1914
9. AGE (In years last birthday) 43	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHECKER	10b. KIND OF BUSINESS OR INDUSTRY CLEANING	11. BIRTHPLACE (City and State or Foreign Country) BROOKLYN, ILL.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HORACE F. SEYMOUR	
13b. MOTHER'S MAIDEN NAME JULIA SMITH		14. NAME OF HUSBAND OR WIFE DALLAS FURLOUGH	
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'S SIGNATURE OR NAME DALLAS FURLOUGH		ADDRESS 45325 MAFFITT	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 12-9-57 to 1-23-58	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chronic Nephritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Cause		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)		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 12-9 1957 , to 1-23 1958 , that I last saw the deceased alive on 1-23 1958 , and that death occurred at 4:41 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Wm Moore, M.D.		23b. ADDRESS 4501a Easton Avenue	
23c. DATE SIGNED 1-24-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-28-58	
24c. NAME OF CEMETERY OR CREMATORY GREENWOOD		24d. LOCATION (City, town, or county) (State) St. Louis Co., MO.	
DATE REC'D BY LOCAL REG. JAN 25 '58		25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love	
REGISTRAR'S SIGNATURE Carl Smith M.D.		ADDRESS 3103 Washington	

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

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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Al*

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.