...t. Health,
..., & Welfare
...S. Public
...th Service

...S. 300
...v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026836
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6996

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Length of stay in 1b 04

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. 0501 b. COUNTY Jeff

c. CITY OR TOWN Crystal City — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 126 Lincoln 0299 — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First CECELIA Middle MABEL Last CLAYTON

4. DATE OF DEATH Month Day Year JULY 15, 1958

5. SEX Female 3

6. COLOR OR RACE Colored

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH May 19, 1918

9. AGE (In years last birthday) 40 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) De Soto Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lester Marshall

13b. MOTHER'S MAIDEN NAME Corine Mitchell

14. NAME OF HUSBAND OR WIFE UNKNOWN

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 Corine Marshall Address Crystal City 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) CONGESTIVE HEART FAILURE — 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) SQUAMOUS CELL CARCINOMA OF CERVIX — 6 MONTHS
DUE TO (c) 171 x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BILATERAL HYDRONEPHROSIS 2+ YEARS

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 JULY 3, 1958, to JULY 15, 1958 and last saw her/him alive on JULY 15, 1958
Death occurred at 3:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. C. Vermillion, M.D. M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 7/15/58

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

23b. DATE 7/18/58

23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery

23d. LOCATION (City, town, or county) (State) Festus, Mo.

24. FUNERAL DIRECTOR Polette Funeral Home ADDRESS Crystal City Mo.

25. DATE RECD. BY LOCAL REG. JUL 15 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith MD M&B

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Geoffrey R. Pollitt

Licensed Embalmer No. 3481

P. O. Address .....

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.