Health, Welfare Public Service

0

300

1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-031128

FILED SEP 8 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8418

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Missouri — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: 04 BARNES HOSPITAL — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY: Macoupin
c. CITY OR TOWN: Hettick 8120 8 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS: 32 (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RUBY Middle FAITH Last WITT

4. DATE OF DEATH: Month AUGUST Day 31 Year 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: February 12, 1904

9. AGE (In years last birthday): 54 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): So. Palmyra Twp., Illinois 1

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

13a. FATHER'S NAME: Andrew Mefford

13b. MOTHER'S MAIDEN NAME: Nellie Braley

14. NAME OF HUSBAND OR WIFE: Roy Witt

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Roy Witt, Address: Hettick, Illinois.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Post-operative bleeding - following mitral valvulotomy	15 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Mitral Stenosis	30 years
DUE TO (c)	Rheumatic Heart Disease	30 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 410 x

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 7/29/58, to 8/31/58 and last saw her alive on 8/31/58
Death occurred at 12:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: FR Bradley (Degree or title) M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 8/31/58

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

23b. DATE: 9-2-58

23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery

23d. LOCATION (City, town, or county) (State): Hettick, Illinois.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: SEP 2 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed J Wm Dunkley

Signature of Student Embalmer

Licensed Embalmer No. 3653

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.