

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037753  
STATE FILE NUMBER

56 1003 58  
FILED OCT 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9766

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN De Soto 0502
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's		Length of stay in lb 25 days	d. STREET ADDRESS (If outside, give location) 808 S. Fourth St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Herbert Burnell Emily Jr.			4. DATE OF DEATH Month Day Year Oct. 11, 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-13-58
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 28 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Festus, Missouri
13a. FATHER'S NAME Herbert Burnell Emily Sr.		13b. MOTHER'S MAIDEN NAME Rosie Graham	12. CITIZEN OF WHAT COUNTRY? U.S.A.
14. NAME OF HUSBAND OR WIFE never married		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. none		17. INFORMANT Address Ida Toibb, 500 S. Kingshighway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterial insufficiency</u> DUE TO (b) <u>Massive peritoneal adhesions (post-op)</u> DUE TO (c) <u>Jejunal band (post-op jejunostomy)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Persistent malrotation of gut</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>3<sup>+</sup> wks.</u> <u>Congenital</u>
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.) 756.2	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <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 Death occurred at 4:43 am		and last saw her alive on 10-11-58	
22a. SIGNATURE (Degree or title) <u>Wm. A. Klingberg M.D.</u>		22b. ADDRESS 500 S. Kingshighway	
22c. DATE SIGNED 10-11-58		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/13/58	
23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) (State) De Soto Mo.	
24. FUNERAL DIRECTOR J. Lee Mothershead		ADDRESS De Soto, Mo.	
25. DATE RECD. BY LOCAL REG. OCT 14 '58		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

OCT 24 195

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 *Andrew H. England*

Licensed Embalmer No. *4745-*

P. O. Address *De Soto, 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.