THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017263
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WASHINGTON — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. FRANCIS WASHINGTON — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: FRANKLIN
c. CITY OR TOWN: ST. CLAIR — Inside Limits: Yes ☐ No ✓
d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes ✓ No ☐

3. NAME OF DECEASED (Type or print): First: DOUGLAS Middle: LEO Last: PAPIN

4. DATE OF DEATH: Month: May Day: 16 Year: 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ✓ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: SEPT. 29 1957
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 7 Days 17 — IF UNDER 24 HRS.: 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): Washington, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CHARLES L. PAPIN
14. MOTHER'S MAIDEN NAME: DORIS FAYE PAPIN (MOUREAU)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Charles L. Papin Address: St. Clair 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): HYDROCEPHALUS — INTERVAL BETWEEN ONSET AND DEATH: SINCE BIRTH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 752X

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 BIRTH to 5-16-59 and last saw her/him alive on 5-15-59
Death occurred at 9:05 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John H. [illegible] (Degree or title): MD
22b. ADDRESS: St Clair, Mo.
22c. DATE SIGNED: 5-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 18 1959
23c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM.
23d. LOCATION (City, town, or county): ST LOUIS (State): Missouri

24. FUNERAL DIRECTOR: Sherman W. Kitchell ADDRESS: St Clair Mo
25. DATE RECD. BY LOCAL REG.: 5/18/59
26. REGISTRAR'S SIGNATURE: F. E. Hilmanly

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Sherwood W. Kitchel

Licensed Embalmer No. 38.

P. O. Address St. Clair,

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.