

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 5 1960 *910*

'59 045134

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. *3058* Registrar's No. *306*

UNRECORDED

1. PLACE OF DEATH a. COUNTY <i>ST. CHARLES</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>ST. CHARLES</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. CHARLES</i>		c. CITY OR TOWN <i>ST. CHARLES</i>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. JOSEPHS Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>1019 So. MAIN</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>EDWIN BOOMER STORY</i>			4. DATE OF DEATH Month Day Year <i>DEC 30th 1959</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-2-1870</i>	9. AGE (last birthday) <i>89</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CARPENTER</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>CHICAGO ILL</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>JAMES STORY</i>	13b. MOTHER'S MAIDEN NAME <i>CLARA RICE</i>	14. NAME OF HUSBAND OR WIFE <i>MARGARETTE DUNLAP STORY</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO NONE</i>	16. SOCIAL SECURITY NO. <i>499-12-9792</i>	17. INFORMANT <i>ROBERT STORY, ST. CHARLES, MO</i>
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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 <i>1 week</i>
IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i>		
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) <i>Arteriosclerotic Heart Disease</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) _____
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20c. TIME OF INJURY Hour a.m. p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <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 _____
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21. I attended the deceased from <i>December 18, 1959</i> and last saw him alive on <i>December 30, 1959</i> Death occurred at <i>8:30 a.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Don Z. Randall, M.D.</i>	22b. ADDRESS <i>220 S. 6th St. Charles, Mo.</i>	22c. DATE SIGNED <i>Dec. 31 1959</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>DEC. 31, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>LAKE CHARLES MEM. PARK</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Co. Mo</i>
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24. FUNERAL DIRECTOR <i>C.L. PRINSTER</i>	ADDRESS <i>ST. CHARLES, MO</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 31-59</i>	26. REGISTRAR'S SIGNATURE <i>Maicea Wilson</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 11

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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville

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.