

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018927
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4430**

FILED MAY 19 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS,		a. STATE MISSOURI b. COUNTY	
Length of stay in 1b 9 Yrs		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4422 1/2 ST LOUIS AVENUE		d. STREET ADDRESS (If outside, give location) 4422 1/2 ST LOUIS AVE.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HORICE Middle DEISE Last DEISE			4. DATE OF DEATH Month 5 / Day 4th / Year 1961		
5. SEX MALE	6. COLOR OR RACE COL	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2 - 6 - 1925	9. AGE (last birthday) 36	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING TRADE		11. BIRTHPLACE (City and state or country) DORCHESTER CO. SO CARL. U.S.A	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME VIRGIL DEISE		13b. MOTHER'S MAIDEN NAME LUCILLE FOGLE	
14. NAME OF HUSBAND OR WIFE ROXIE ELLA DEISE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		17. INFORMANT Mrs EMMA SMITH	
Address 758 HARRISON STREET SECRICUSE N.Y.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aorta causing hemorrhage into the Pericardial Sac. DUE TO (b) 451x DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **3:05 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick E Taylor Coroner	(Degree or title)	22b. ADDRESS 1200 Clark	22c. DATE SIGNED 5-9-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5 - 10 - 61	23c. NAME OF CEMETERY OR CREMATORY SURPRISE BAPTIST CEMETERY	23d. LOCATION (City, town, or county) (State) DORCHESTER CO. SO CORLINA
24. FUNERAL DIRECTOR ESTELLA S. WHITE FUNERAL HOME	Address 2016 No. GARRISON AVE	25. DATE RECD. BY LOCAL REG. MAY 9 1961	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John K Cunningham

Licensed Embalmer No. 24476

P. O. Address 2405 Marc

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.