

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-022358

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5895 STATE FILE NUMBER

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

LED JUN 29 1961

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE  
 b. COUNTY  
 c. CITY OR TOWN  
 d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print) First Middle Last  
 4. DATE OF DEATH Month Day Year

5. SEX  
 6. COLOR OR RACE  
 7. Married  Never Married   
 Widowed  Divorced

8. DATE OF BIRTH  
 9. AGE (last birthday)  
 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)  
 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country)  
 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME  
 13b. MOTHER'S MAIDEN NAME  
 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
 17. INFORMANT Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Carcinoma of left kidney  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 180x  
 DUE TO (c)  
 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.  
 Yes  No  Unknown

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 5/27/61 to 6/23/61 and last saw  alive on 6/22/61  
 Death occurred at 3:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title)  
 22b. ADDRESS  
 22c. DATE SIGNED

23a. BURIAL, CREMATION, OR REMOVAL (Specify)  
 23b. DATE  
 23c. NAME OF CEMETERY OR CREMATORY  
 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS  
 25. DATE RECD. BY LOCAL REG.  
 26. REGISTRAR'S SIGNATURE

J. T. Steele, M.D. 40 N. Flourish 6/24/61  
Burial June 28, 1961 Washington Park Berkeley Mo.  
David Bros Funeral Home 5625 Carson Rd JUN 26 1961 Loed Smith, M.D.

**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 Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address \_\_\_\_\_

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.