

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17033**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY OR TOWN Bonne Terre		c. CITY OR TOWN Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		e. STREET ADDRESS (If rural, give location) RFD # 2	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Emmett	c. (Last) London	4. DATE OF DEATH (Month) (Day) (Year) May 26 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 28, 1895	9. AGE (In years last birthday) Months Days 59 1 28	IF UNDER 1 YEAR Hours Min. 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Service Operator	10b. KIND OF BUSINESS OR INDUSTRY Public Service	11. BIRTHPLACE (City and State or Foreign Country) Doe Run, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME William London	13b. MOTHER'S MAIDEN NAME Leora Evans	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. 493-10-9825	17. INFORMANT'S SIGNATURE OR NAME Clyde London, Farmington, Missouri.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		2 1/2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis + Embolus DUE TO (c)		6 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Apoplexy		3 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from ~~Jan 1950~~ **Jan 1950**, to **May 26, 1954**, that I last saw the deceased alive on **May 26, 1954**, and that death occurred at **3a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Geo. K. Wolpert, M.D.	23b. ADDRESS Farmington, Mo	23c. DATE SIGNED 5-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/28/54	24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	24d. LOCATION (City, town, or county) (State) Doe Run, Missouri
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DATE REC'D BY LOCAL REG. May 28, 1954	REGISTRAR'S SIGNATURE E. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home	ADDRESS Farmington, Missouri.
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7861 S NCC

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 *Paul K. Royal*

Licensed Embalmer No. *4120*

P. O. Address *Farmington*

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.