TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER 124- 08 308340

REGISTRATION DISTRICT NO. | REGISTRAR'S NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
THERESA MARIE DOUTHIT	Female	September 30, 2008

4. SOCIAL SECURITY NO.	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR: MONTHS / DAYS	5c. UNDER 1 DAY: HOURS / MINUTES	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
500-18-5952	84			Mar 2, 1924	St. Louis Missouri

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No ☐ Unk.

9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

VS 300

MO 580-2211 (3-03)

FOR USE BY PHYSICIAN OR INSTITUTION

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Missouri Baptist Medical Center	Town & Country	Saint Louis

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify)	11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Widowed		Homemaker	Own Home

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. ZIP CODE
Missouri	St. Louis	Kirkwood	63122-

13e. STREET AND NUMBER	13f. INSIDE CITY LIMITS (1 Yes 2 No)	13g. YEARS AT PRESENT ADDRESS (1 Under 5 2 5-9 3 10-19 4 20 or more)
385 South Taylor Apt. 205	☒ Yes ☐ No	☒ Under 5 ☐ 5-9 ☐ 10-19 ☐ 20 or more

NAME OF DECEDENT

14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE - American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
		Elementary/Secondary (0-12)	College (1-4 or 5+)
0 ☒ No ☐ Yes Specify:	White	12	

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Henry Dale	Alice Booth

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Paul Douthit	14723 Appalachian Trail Chesterfield, MO 63017-

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify)	20b. DATE OF DISPOSITION (Month, Day, Year)	20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20d. LOCATION (City or Town, State)
Burial	October 6, 2008	National Cemetery	Jefferson Barracks Missouri

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	22a. NAME AND ADDRESS OF FACILITY	22b. FUNERAL ESTABLISHMENT LICENSE NUMBER
Michael G. Jacobi	Bopp Chapel 10610 Manchester Rd. Kirkwood, MO 63122-1308	0466

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Sepsis	5 days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	
	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. **Other significant conditions** contributing to death but not resulting in the underlying cause given in Part I.

acute myocardial infarction; end stage renal disease; hypertension

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? (1 Yes 2 No ☐ Unk.)	25a. WAS AN AUTOPSY PERFORMED? (1 Yes ☒ 2 No)	25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (1 Yes 2 No)
☐ Yes ☐ No ☐ Unk.	☐ Yes ☒ No	☐ Yes ☐ No

26. MANNER OF DEATH	27a. DATE OF INJURY (Month, Day, Year)	27b. TIME OF INJURY	27c. INJURY AT WORK? (1 Yes 2 No ☐ Unk.)	27d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide		M	☐ Yes ☐ No ☐ Unk.	

27e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify)

27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFIER

28a. (Specify)	28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶	28c. DATE SIGNED (Month, Day, Year)	28d. TIME OF DEATH
☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER/CORONER		10/7/08	09:55 PM

29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)	29b. MO. LICENSE NUMBER	30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?
Lilibeth Cayabyab-Loe M.D. 3009 N. Ballas Rd., St. Louis, MO 63131	R4P60	☐ Yes ☒ No

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	32. REGISTRAR'S SIGNATURE ▶	33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)
	Celia Spencer	OCT 09 2008

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STATE OF MISSOURI
COUNTY OF ST. LOUIS } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as County Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services.

OCT 09 2008

Celia N. Spencer

Registrar of Vital Records

MO 580-1103 (09-05)