

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS FEB 11 1960

-60-003373

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 1009** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY _____ b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Reynolds	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (if outside, give location) 5 miles No. of Ellington	

3. NAME OF DECEASED (Type or print) First Joseph Middle Rogus Last Fears			4. DATE OF DEATH Month January Day 26 Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/4/1887	9. AGE (last birthday) 73	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) Ellington, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Samuel Fears		13b. MOTHER'S MAIDEN NAME Mathilda Brawley	
14. NAME OF HUSBAND OR WIFE Etta		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. 490-14-2881	
17. INFORMANT Samuel Fears, 3218 Hebert St.		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) Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH 20 HRS.
DUE TO (b) Arteriosclerotic heart disease	
DUE TO (c) 420.0	

Conditions, if any, which have to do with above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **2-3-60**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Jan 25 1960 Jan 26 1960 and last saw him alive on Jan 26 1960 Death occurred at 11:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Richard Gibson M.D.		22b. ADDRESS 3720 Washington		22c. DATE SIGNED 1-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-30-60	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) Ellington, Mo. (State) _____	

24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. JAN 28 1960	26. REGISTRAR'S SIGNATURE Karl Smith, M.D.
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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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 365

P. O. Address Lawst

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.