URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-046615

STATE FILE NUMBER

FILED VS DEC 2 9 1960

ENDED

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY JEFFERSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL VALLE TWP. — Length of stay in 1b	c. CITY OR TOWN FESTUS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 520 EDGEWOOD LANE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle Jeffrey Last Compton		4. DATE OF DEATH Month 12 Day 19 Year 60	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4-13-10
9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN GLASS FACTORY	10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.	11. BIRTHPLACE (City and state or country) BONNE TERRE, MO.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN W. COMPTON	13b. MOTHER'S MAIDEN NAME MELISSA WRIGHT	14. NAME OF HUSBAND OR WIFE PAULINE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) *****	16. SOCIAL SECURITY NO. 497-10-4030	17. INFORMANT Address PAULINE COMPTON FESTUS, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CORONARY Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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 Coroner's View and last saw her/him alive on

Death occurred at 2:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C. Pilon D.C. Coroner	22b. ADDRESS Festus, Mo.	22c. DATE SIGNED 12-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-24-60	23c. NAME OF CEMETERY OR CREMATORY GAMEL CEMETERY
23d. LOCATION (City, town, or county) (State) FESTUS, MO.		
24. FUNERAL DIRECTOR ADDRESS GENTRY R. POLITTE CRYSTAL CITY, MO	25. DATE RECD. BY LOCAL REG. Dec. 24-1960	26. REGISTRAR'S SIGNATURE Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 19 1961

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_____ Signed Gentry R. Polit

Signature of Student Embalmer

Licensed Embalmer No. 34-8

P. O. Address Crystal C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.