

318

1003

3738-61-015671

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only)
 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

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)
 16. SOCIAL SECURITY NO.
 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)
 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 Month, Day, Year
 a.m. p.m.

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 _____ to _____ and last saw him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

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

23a. BURIAL, CREMATION, 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

MEDICAL CERTIFICATION

APR 27 1961

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

a. STATE Mo.
 b. COUNTY
 c. CITY OR TOWN St. Louis
 d. STREET ADDRESS (If outside, give location)
 1483a S. Vandeventer

CHRISTOPHER COLUMBUS STINSON

April 17, 1961

Male White

4-5-97 64

Section Hand Railroad Potosi, Mo. U.S.A.

Duke Edward Stinson Nancy Wilson widowed

Yes W.W.I Not Available Mrs. Geraldine Tyler, St. Louis, Mo.

Cerebral Thrombosis

332x

NO

Apr 17, 1961 to Apr 17, 1961 and last saw him alive on Apr 17, 1961

Charles E. Green M.D. 1625 Tower Square Co. 4/19/61

Burial 4-22-61 Local Rolla, Mo.

Null Funeral Home, Rolla, Mo. APR 19 1961

APR 28 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Kassaly III

Licensed Embalmer No. 5039

P. O. Address E. M. Lewis, Mo.

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.