

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-019598

AMENDED FILED MAY 19 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4414 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo		b. COUNTY		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1554 MISSISSIPPI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 823 HICKORY	
3. NAME OF DECEASED (Type or print) First ALICE Middle ETHEL Last WEBB			4. DATE OF DEATH Month MAY Day 8 Year 1961			5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MAR 24 1907		9. AGE (last birthday) 54		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) SEWING MACHINE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY ZAMZON MFG.		11. BIRTHPLACE (City and state or country) Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME HIRAM GADDY			13b. MOTHER'S MAIDEN NAME AMANDA LEMMONS			14. NAME OF HUSBAND OR WIFE BUNK WEBB			
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. -		17. INFORMANT BUNK WEBB		Address 823 HICKORY			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SQUAMOUS CELL CARCINOMA OF CERVIX								INTERVAL BETWEEN ONSET AND DEATH 1 YEAR	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		1712			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 OCT. 14, 1960 to MAY 5, 1961 and last saw her him alive on MAY 5, 1961 Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C. Vermillion, M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 5/8/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAY 10 1961		23c. NAME OF CEMETERY OR CREMATORY STRAWHUN CEM.		23d. LOCATION (City, town, or county) NEWBURG Mo		(State)	
24. FUNERAL DIRECTOR Thomas Kuter		ADDRESS 2906 Grand		25. DATE RECD. BY LOCAL REG. 5-9-1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.P.			

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 Rocky Thompson Jr

Licensed Embalmer No. 4861

P. O. Address Salato, 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.