

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022554  
STATE FILE NUMBER

1003 Registrar's No. 6265

Registration District No. 318 Primary Registration District No.

AMENDED  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	c. CITY OR TOWN		Inside Limits	4. DATE OF DEATH		Month	Day	Year
ST. LOUIS		ST. LOUIS		3 days	MISSOURI		JEFFERSON	FESTUS		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	July 4, 1961				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits	d. STREET ADDRESS			(If outside, give location)			Reside on Farm				
ST. LUKE'S HOSPITAL				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Route # 2			Route # 2			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)															
LILLY				GRACE				FORD							
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR			
Female		White				7/5/1895		65		Months		Days		Hours	
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			
Housekeeper				-----				Paragould, Arkansas				USA			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE							
Robert Newell				Alice Marshall				Royal E. Ford							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				17. INFORMANT				Address							
no				Mrs. Helen L. McFerron, R # 2, Festus, Mo											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:															
IMMEDIATE CAUSE (a) <u>SPONTANEOUS SUBARACHNOID HEMORRAGE</u>															
DUE TO (b) _____															
DUE TO (c) <u>330x</u>															
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		Month, Day, Year		a.m.		p.m.							
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 <u>July 2</u> to <u>July 4</u> and last saw her/him alive on <u>July 3rd</u>				Death occurred at <u>12:10A</u> m 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			
<u>George A. Houtz</u>								<u>3720 Washington St. Festus, Mo</u>				<u>July 5, 61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)				(State)			
Burial		7/6/1961		Memorial Park				Cape Girardeau, Mo.							
24. FUNERAL DIRECTOR				ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE					
Vinyard Funeral Home, Inc., Festus, Mo.								JUL 6 1961		<u>Loan Smith, M.D.</u>					

**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 Donald H. Wingard

Licensed Embalmer No. 4608

P. O. Address Felton, 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.