

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6388

-61-027381

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

Registrar's No. 6388

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003

FILED JUL 25 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST FRANCIS</u>		c. CITY OR TOWN <u>FARMINGTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHRISTIAN HOSP</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>107 W 4th St</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>BERNICE</u> Middle <u>JANE</u> Last <u>STEWART</u>						4. DATE OF DEATH Month <u>JULY</u> Day <u>7</u> Year <u>1961</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-1-1903</u>		9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u>		11. BIRTHPLACE (City and state or country) <u>COLUMBIA, KANS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>BENJAMIN L. GREEN</u>				13b. MOTHER'S MAIDEN NAME <u>REBECCA SNEAD</u>				14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT Address <u>MILDRED CUNNINGHAM STANN, MO</u>					
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>Coronary Occlusion + Myocardial Infarction</u>										INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>420.1</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 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 <u>July 3, 1961</u> to <u>July 7, 1961</u> and last saw her/him alive on <u>July 7, 1961</u> Death occurred at <u>July 7, 1961 4:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>S. Rawls, M.D.</u> (Degree or title)						22b. ADDRESS <u>Overland, Mo.</u>			22c. DATE SIGNED <u>JUL 10 1961</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/11/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HILL VIEW MEMORIAL</u>		23d. LOCATION (City, town, or county) <u>Near FARMINGTON</u>		(State) <u>MO</u>			
24. FUNERAL DIRECTOR <u>BOZEMAN Funeral Home</u>				ADDRESS <u>Farmington MO</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 10 1961</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>			

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Ronald J. Mohr*

Licensed Embalmer No. 4975

P. O. Address D. Loto, I.

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.