

ISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027522

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6504 STATE FILE NUMBER

FILED JUL 25 1961

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 MISSOURI COUNTY		c. CITY OR TOWN ST LOUIS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3911 GREER AVE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4126 CLARA PLACE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ELLEN Middle Last WOOD				4. DATE OF DEATH Month JULY Day 11, Year 1961					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/12/1893	9. AGE (last birthday) 68	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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LOUISVILLE MISSOURI U.S.A.	12. CITIZEN OF WHAT COUNTRY				
13a. FATHER'S NAME JEFF SHACKELFORD			13b. MOTHER'S MAIDEN NAME MARTHA BILBRO		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) NO		16. SOCIAL SECURITY NO. DON'T KNOW		17. INFORMANT BEVERLY MOORE 5564 DELMAR BLVD				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) <i>Chc. arteriosclerotic Heart Disease</i>						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. <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 <u>8 July 1961</u> to <u>11 July 61</u> and last saw her alive on <u>8 July 1961</u> Death occurred at <u>3911 Greer HA</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Frank Beverly M.D.</i>			22b. ADDRESS <i>1435 Park</i>			22c. DATE SIGNED <i>12 July 1961</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7/14/61	23c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES CEMETERY		23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MISSOURI				
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NAT'L BRIDGE			25. DATE RECD. BY LOCAL REG. JUL 13 1961		26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>				

Dr. already
call in
Ga 1-7899
19th + park

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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis, 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.