

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039749  
STATE FILE NUMBER

Filed VS Nov. 13, 1961

Registration District No. \_\_\_\_\_ Primary Registration District No. 6078 Registrar's No. 41

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>STE. GENEVIEVE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>STE. GENEVIEVE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>JACKSON T.S.</b>		Length of stay in 1b <b>LIFE</b>		c. CITY OR TOWN <b>BLOOMSDALE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BLOOMSDALE MO</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>STAR ROUTE</b>	
3. NAME OF DECEASED (Type or print) First <b>EUGENE</b> Middle <b>FRANCIS</b> Last <b>CARRON</b>				4. DATE OF DEATH Month <b>NOV</b> Day <b>3</b> Year <b>1961</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/28/95</b>	
9. AGE (last birthday) <b>66</b>		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) <b>RETIRED FARMER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>STE. GENEVIEVE CO. MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>AMBROSE CARRON</b>				13b. MOTHER'S MAIDEN NAME <b>CHOTKINS BOYER</b>		14. NAME OF HUSBAND OR WIFE <b>OTILLIA KEMPER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mr Eugene Carron Bloomdale Mo</b>			
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>Presumed to be Natural Causes</u> (Coroner of Ste. Genevieve County Notified.) DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
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 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. <del>Known to the Registrar</del> Death occurred at (about) <b>3:15 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>George F. Wood</b> Local Registrar Ste. Genevieve, Missouri				22b. ADDRESS		22c. DATE SIGNED <b>11-9-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>11/6/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>STAGNES</b>		23d. LOCATION (City, town, or county) (State) <b>BLOOMSDALE MO</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Doc. Barber Ste. Genevieve Mo</b>				25. DATE RECD. BY LOCAL REG. <b>9 November 1961</b>		26. REGISTRAR'S SIGNATURE <b>George F. Wood</b>	

NOV 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 Adrian J. Ecker

Licensed Embalmer No. 4746

P. O. Address St. Demetrius

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.