# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT |
|---|---|---|---|---|
| | | | | |

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 326 STATE FILE NUMBER -62-003493

FILED JAN 19 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Caruthersville — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 307 E. 5th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ROSAMOND Middle: Last: BLACK
4. DATE OF DEATH: Month: 1 Day: 6 Year: 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 1/30/1931
9. AGE (last birthday): 30 — 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): Assistant Director
10b. KIND OF BUSINESS OR INDUSTRY: YWCA
11. BIRTHPLACE (City and state or country): Stuttgart, Arkansas
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: William F. Black
13b. MOTHER'S MAIDEN NAME: Irene Morton
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Irene Black, Address: Caruthersville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): RHEUMATIC HEART DISEASE WITH MITRAL STENOSIS — INTERVAL BETWEEN ONSET AND DEATH: MANY YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 410 X H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CHRONIC GRANULOCYTIC LEUKEMIA
PART III. If deceased was female was there a pregnancy in last 90 days: [ ] Yes [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 10/20/56 to 1/6/62 and last saw her/him alive on 1/6/62
Death occurred at 10:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: F R Bradley M.D. (Degree or title): F. R. Bradley, M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 1/15/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-8-62
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Caruthersville, Mo.
24. FUNERAL DIRECTOR: Albert H. Hoppe, Inc. ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: JAN 8 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

JAN 23 1962

JAN 19 1962

**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 Robert M. Murray

Licensed Embalmer No. 3749

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.