

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008716
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1849**

FILED FEB 23 1962

VS 300
Rev. 4/59

- 1
- 2 215
- 3
- 4 1
- 5 2
- 6
- 7 0
- 8 1
- 9
- 10
- 11
- 12 65-0
- 13 65

DATE AMENDED
2/15/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Adenocarcinoma of the gallbladder with extension to the liver.

broncho-pneumonia
BY AFFIDAVIT OF attending physician

SHOULD READ

ITEM NO. 18

USE BLACK INK OR TYPEWRITER RIBBON

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 Mo. b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4163 Osceola			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MAMIE E SEXTON			4. DATE OF DEATH Month Day Year February 12 1962			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 12/6/1883		9. AGE (last birthday) 78		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) at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME James Bradley			13b. MOTHER'S MAIDEN NAME ----- Craven			14. NAME OF HUSBAND OR WIFE Garrett			
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.		17. INFORMANT Address Eugene Sexton 4163 Osceola				
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>Arterio-Sclerotic Heart Disease</i> <i>Adenocarcinoma of the gall bladder with extension to the liver</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <i>Broncho-Pneumonia 155.1</i>									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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <i>2/10/62</i> to <i>2/12/62</i> and last saw her <i>2/11/62</i> Death occurred at <i>10.05</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>D. W. Agnew M.D.</i> (Degree or title)				22b. ADDRESS <i>4717 Morganford</i>				22c. DATE SIGNED <i>2/12/62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/15/1962		23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo. (State)			
24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois ADDRESS				25. DATE RECD. BY LOCAL REG. FEB 14 1962		26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>			

MEDICAL CERTIFICATION

