

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1962 318

1003

2217

-62-008902

Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN  |  | Length of stay in 1b  | c. CITY OR TOWN  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                              | d. STREET ADDRESS (If outside, give location)  |
| 3. NAME OF DECEASED (Type or print)   |  | 4. DATE OF DEATH  |  |
| 5. SEX  |  | 6. COLOR OR RACE  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |
| 8. DATE OF BIRTH  |  | 9. AGE (last birthday)  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                       |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  |
| 11. BIRTHPLACE (City and state or country)  |  | 12. CITIZEN OF WHAT COUNTRY   |  |
| 13a. FATHER'S NAME  |  | 13b. MOTHER'S MAIDEN NAME   |  |
| 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)          |  |
| 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY:                              |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| IMMEDIATE CAUSE (a)   |  | 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.   |  |
| 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   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION  |  |
| 21. I attended the deceased from  |  | and last saw her/him alive on   |  |
| 22a. SIGNATURE  |  | 22b. ADDRESS  |  |
| 22c. DATE SIGNED  |  |   |  |
| 23b. BURIAL, CREMATION, REMOVAL (Specify)   |  | 23c. NAME OF CEMETERY OR CREMATORY  |  |
| 23d. LOCATION (City, town, or county)   |  | 23e. DATE RECD. BY LOCAL REG.   |  |
| 23f. REGISTRAR'S SIGNATURE  |  |   |  |

JAY B. SMITH, Maplewood, Mo.

FEB 24 1962

Loard Smith, M.D.

**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

*Melvin Barteau*

Licensed Embalmer No.

*4903*

P. O. Address

*St. Louis 17*

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.