MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-011673

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 40

FILED MAR 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0500

2 0500 2

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4 1

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9 7593

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY: Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joachim

Length of stay in 1b: 30 min

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jeff. Mem. Hosp.

Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Mo. b. COUNTY: Jefferson

c. CITY OR TOWN: Arnold

Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): R 1

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BONNIE Middle SUE Last SINGER

4. DATE OF DEATH Month Mar Day 10 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-10-1962

9. AGE (last birthday)

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HR: Hours Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Festus, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Barney Singer

13b. MOTHER'S MAIDEN NAME: Maxine Marshall

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.: None

17. INFORMANT Address: Barney Singer R 1 Arnold, 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): Multiple Congenital Malformations

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): (Club foot Rotation leg, deformity skull

DUE TO (c): Probable congenital heart lesion)

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): Premature separation placenta lateral)

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ no

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 Mar 10, 1962 to Mar 10, 1962 and last saw her ~~him~~ alive on Mar 10, 1962

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marl V. Reginato M.D.

22b. ADDRESS: DeSoto Mo.

22c. DATE SIGNED: Mar 10, 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-11-1962

23c. NAME OF CEMETERY OR CREMATORY: City

23d. LOCATION (City, town, or county) (State): DeSoto, Mo.

24. FUNERAL DIRECTOR ADDRESS: Mahn Funeral Home DeSoto, Mo.

25. DATE RECD. BY LOCAL REG.: 3/12/62

26. REGISTRAR'S SIGNATURE: Lucie A. Dixon By Zakia N. Stall, Deputy

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4356

P. O. Address _____

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.