

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-013675

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1063

FILED APR 16 1962

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Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE - (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in lb 3 DAYS	c. CITY OR TOWN Brentwood Robertson Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS P.O. Box 501 Laurel Ave., Hazelwood, Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle James Last Shovey			4. DATE OF DEATH Month 3 Day 31 Year 62
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/7/05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled Machinist		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft. St. Louis, Mo.	9. AGE (last birthday) 56 IF UNDER 1 YEAR: Months 3 Days 24 IF UNDER 24 HR: Hours Min.
11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Joseph Shovey		13b. MOTHER'S MAIDEN NAME Ella Allen	
14. NAME OF HUSBAND OR WIFE Halcyone T. Shovey		17. INFORMANT Halcyone T. Shovey, Laurel Ave., Hazelwood, Mo.	
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. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease condition given in PART I (a)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intraoperative hemorrhage DUE TO (b) Hypertensive cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 			INTERVAL BETWEEN ONSET AND DEATH 3d
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerotic Heart Disease			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 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 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 Clayton, Mo.
21. I attended the deceased from 3-29-62 to 3-31-62 and last saw him alive on 3-31-62 Death occurred 10:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert Shovey M.D.		22b. ADDRESS 601 S. Brentwood, Clayton, Mo.	22c. DATE SIGNED 4/1/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/5/62	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. St. Louis Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Charles J. Gates 4107 Finney		25. DATE RECD. BY LOCAL REG. 4-3-62	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 Grayton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Fenney

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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.