

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015763  
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 66

FILED APR 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

Boat Comm.

VS 300  
Rev. 4/59

6500  
2

3

4 1

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9 9298

10 42

11 333

12 1-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>TAKEN FROM MISS. RIVER NEAR CRYSTAL CITY, MO. 4-19-62</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL JOACHIM</b>		c. CITY OR TOWN _____	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If outside, give location) _____	

3. NAME OF DECEASED (Type or print) First Middle Last <b>UNIDENTIFIED FLOATER</b>			4. DATE OF DEATH Found <b>4-- 19 --62</b> Month Day Year		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> UNK. Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>UNK.</b>	9. AGE (last birthday) <b>UNK.</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNK.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNK.</b>		11. BIRTHPLACE (City and state or country) <b>UNK.</b>	
12. CITIZEN OF WHAT COUNTRY <b>UNK.</b>		13a. FATHER'S NAME <b>UNK.</b>		13b. MOTHER'S MAIDEN NAME <b>UNK.</b>	
14. NAME OF HUSBAND OR WIFE <b>UNK.</b>		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 Address <b>UNK.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Drowning**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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.) <b>Circumstances UNKNOWN</b>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <b>Death estimated 2-1-62</b>	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 <b>CRYSTAL CITY, MO.</b>	

21. I attended the deceased from **Cooper's View** and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>James C. John M.C. Cooper</b>		22b. ADDRESS <b>Feeling, MO.</b>		22c. DATE SIGNED <b>4/20/62</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-20-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ROSELAWN MEMORIAL</b>		23d. LOCATION (City, town, or county) (State) <b>CRYSTAL CITY, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>GENTRY R. POLITTE CRYSTAL CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>4-20-62</b>		26. REGISTRAR'S SIGNATURE <b>James A. Peyton</b>

**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

*Gusby R. Pelletto*

Licensed Embalmer No.

*3481*

P. O. Address

*Crystal City, 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.