

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017273

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3961**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 25 1962

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">St. Louis, Missouri</p> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 1.2em;">St. Louis, Missouri</p> Length of stay in 1b <p style="text-align: center; font-size: 1.2em;">29 Days</p> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">St. Louis Children's Hosp</p> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Duncan c. CITY OR TOWN Kennett, Missouri Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) RT #2 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) <p style="text-align: center; font-size: 1.2em;">Donnie Ray Smith</p> First Middle Last			4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 1.2em;">4-15-62</p>					
5. SEX <p style="text-align: center; font-size: 1.2em;">Male</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 1.2em;">White</p>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 1.2em;">1-10-62</p>	9. AGE (last birthday) IF UNDER 1 YEAR Months 3 Days 5	IF UNDER 24 HR Hours 5 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">None</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 1.2em;">None</p>		11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 1.2em;">Kennett, Missouri</p>		12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 1.2em;">U.S.A.</p>		
13a. FATHER'S NAME <p style="text-align: center; font-size: 1.2em;">Ulysses Sherman Smith</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 1.2em;">Gladys Rhamy</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 1.2em;">Single</p>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 1.2em;">No</p>			16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 1.2em;">None</p>			17. INFORMANT <p style="text-align: center; font-size: 1.2em;">Alice Trowbridge, 500 S. Kingshighway</p> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest; Respiratory failure DUE TO (b) Hydrocephalus DUE TO (c) Salivary gland Virus disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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). <p style="text-align: center; font-size: 1.5em;">096.9</p>		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 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 Hour Month, Day, Year a.m. p.m.		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 3-17-62 to 4-14-62 and last saw him alive on 4-15-62 Death occurred at 12:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <p style="text-align: center; font-size: 1.5em;"><i>Albert H. Hoppe M.D.</i></p>	
22b. ADDRESS <p style="text-align: center; font-size: 1.2em;">St. Louis, Mo. 500 S. Kingshighway,</p>		22c. DATE SIGNED <p style="text-align: center; font-size: 1.2em;">4-15-62</p>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 1.2em;">Removal</p>	23b. DATE <p style="text-align: center; font-size: 1.2em;">4-16-62</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 1.2em;">Oak Ridge Cemetery</p>	23d. LOCATION (City, town, or county) (State) <p style="text-align: center; font-size: 1.2em;">Kennett, Mo.</p>
24. FUNERAL DIRECTOR ADDRESS <p style="text-align: center; font-size: 1.2em;">Albert H. Hoppe Inc., 4700 Washington, Blvd.</p>		25. DATE RECD. BY LOCAL REG. APR 16 1962	
		26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 1.5em;"><i>Earl Smith, M.D.</i></p>	

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis 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.