MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-021049

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4803 STATE FILE NUMBER

FILED MAY 23 1962

DO NOT WRITE ON THIS STUB — AMENDED

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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. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kentucky b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b 4 Months

c. CITY OR TOWN Fredonia — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Route 3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MARGARET Middle L. Last STORY

4. DATE OF DEATH Month MAY Day 9 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8/2/20

9. AGE (last birthday) 41

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Marshall County Ky

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Norman Clark

13b. MOTHER'S MAIDEN NAME Zera Williams

14. NAME OF HUSBAND OR WIFE Mr. Jewell Story

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs A.R. Story, 1353 Address Belrue Avenue

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) CARCINOMA OF BREASTS WITH METASTASES TO BRAIN — INTERVAL BETWEEN ONSET AND DEATH SEVERAL YEARS

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

DUE TO (c) 170 X

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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 JAN. 31, 1957, to MAY 9, 1962 and last saw her/him alive on MAY 9, 1962

Death occurred at 6:50 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. O. Vermillion, M.D. M.D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 5/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE May 10, 1962

23c. NAME OF CEMETERY OR CREMATORY Fooks Cemetery

23d. LOCATION (City, town, or county) (State) Marshall County Kentucky

24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home 1167 Hamilton Ave

25. DATE RECD. BY LOCAL REG. MAY 10 1962

26. REGISTRAR'S SIGNATURE Hart 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 Lawrence O. Herling

Licensed Embalmer No. 4977

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.