

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-021445

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1462

FILED MAY 21 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	St. Louis	a. STATE	Mo.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Kirkwood	b. COUNTY	St. Louis
Length of stay in 1b	DOA	c. CITY OR TOWN	Kirkwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	St. Joseph Hospital	Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS	558 Andrew Ave.	(If outside, give location)	Reside on Farm
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	Year
First	Middle	Month	Day
DONALD	K.	May	11, 1962
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Male	White		5/19/13
9. AGE (last birthday)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country)
48	Guard		St. Louis, Mo.
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY	
Burns Detective Agy.		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Frank Morgan		Elsie Riley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address	
No		Mrs. Ruth Morgan, 558 Andrews, Kirkwood, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			2-3 yr?
DUE TO (b)			2-3 yr?
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.			PART III. If deceased was female was there a pregnancy in last 90 days.
a) Sudden coronary death b) Cardiac enlargement c) Cardiac decompensation			<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	
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		and last saw him alive on	
Death occurred at (D.S.T.) 7/6/59 5:00 a.m.		5/11/62 5/11/62	
22a. SIGNATURE (Deceased or title)		22b. ADDRESS	22c. DATE SIGNED
G.N. Barnett		Kirkwood 22 Mo.	5/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY	23d. LOCATION (City, town, or county) (State)
BURIAL	5/14/62	New St. Marcus	St. Louis Co. MO
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Louis H. Bopp, Inc., Kirkwood, Mo.		5-14-62	John C. Murphy

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

14003
24063

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 192-c

13

Dr. Julian Barrett
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 Francis J. Wyland

Licensed Embalmer No. 4572

P. O. Address Kirkwood, 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.