

G. Garfield

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022404

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 3016

Registrar's No. 245

77 Filed JUN 26 1962

VS 300 Rev. 4/59

0269

0260

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in lb 1 wk	c. CITY OR TOWN R.R.#3 I
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Jefferson City, Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James Garfield Saucier		4. DATE OF DEATH Month Day Year June 20, 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/16/87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired car inspector		10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (City and state or country) Franklin Co., Mo.
13a. FATHER'S NAME Eugene Saucier		13b. MOTHER'S MAIDEN NAME Louise Cook	14. NAME OF HUSBAND OR WIFE Ida Saucier
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. none	17. INFORMANT Mrs. Ida Saucier RR#3 Jefferson City
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Pneumonia - 5 days DUE TO (b) subarachnoid hemorrhage - 12 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			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)			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 a.m. p.m. 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 June 8, 1962 to June 20, 1962 and last saw her alive on June 20, 1962. Death occurred at 11:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. B. Flebbe M.D.		22b. ADDRESS Jefferson City, Mo	22c. DATE SIGNED 6-22-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/23/62	23c. NAME OF CEMETERY OR CREMATOR St. Francis Xavier	23d. LOCATION (City, town, or county) R R #3 Jefferson City Mo
24. FUNERAL DIRECTOR Dulle Funeral Home Jeff City Mo		25. DATE RECD. BY LOCAL REG. 22 June 1962	26. REGISTRAR'S SIGNATURE R.P. Davis M.D. Richter Dep

(License of Embalmer's Statement on Reverse Side)

SA

MAR 26 1964

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 James E Eynard
Licensed Embalmer No. 4998

P. O. Address Jefferson 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.