

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

-62-024790
STATE FILE NUMBER

318 1003

6642

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

VS 300
Rev. 4/59

1
2 218
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4 1
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DATE AMENDED
7-
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. **FILED** JUL 12 1962

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b
c. CITY OR TOWN Inside Limits
d. STREET ADDRESS (If outside, give location) Reside on Farm

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/4/62 9. AGE (last birthday) 7/5/62 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) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Elmer Jones 13b. MOTHER'S MAIDEN NAME Lillian Bull 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -0- 16. SOCIAL SECURITY NO. -0- 17. INFORMANT Elmer Jones 4418 Arco, St. Louis, MO 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) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 776X DUE TO (c) 1/1

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. Month, Day, Year p.m.

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 7/4/62 to 7/5/62 and last saw her alive on 7/4/62
Death occurred at 3:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clarence L. Clark M.D. 22b. ADDRESS 550 New Ballard Rd. Creve Coeur, Mo. 22c. DATE SIGNED 7/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/6/62 23c. NAME OF CEMETERY OR CREMATORY St. Matthews 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Rowland-Ogden, 4106 Manchester ADDRESS St. Matthews DATE RECD. BY LOCAL REG. JUL 5 1962 26. REGISTRAR'S SIGNATURE Loan 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 Phillip A. Ogden

Licensed Embalmer No. 5170

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.