

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025207

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**
FILED JUL 2 1962

Primary Registration District No. **1003**

Registrar's No. **6237**

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ind. b. COUNTY Van Buren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b visiting	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Memorial		d. STREET ADDRESS (If outside, give location) 206 Tekoppel Ave.	
3. NAME OF DECEASED (Type or print) First Mary Middle Edna Last Smith		4. DATE OF DEATH Month June Day 22 Year 1962	
5. SEX F.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/22/83
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 7 Days 9 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and state or country) Princeton, Ind.		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Wm. P. Murphy		13b. MOTHER'S MAIDEN NAME Alice R. Seabrooks	
14. NAME OF HUSBAND OR WIFE Owen Smith		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. Bessie Henry, 120 Jersey St. Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Embolism DUE TO (b) Hypertensive Heart Disease DUE TO (c) 443X			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 checked="" 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 1:00 a.m. 0 p.m.	Month, Day, Year 6/19/62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis Coronar Approves	20f. CITY, TOWN, OR LOCATION Princeton COUNTY Van Buren STATE Ind.	
21. I attended the deceased from 6/19/62 to 6/22/62 and last saw her 6/19/62 alive on 6/19/62 . Death occurred at 6/22/62 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Conrad Males M.D. (Degree or title)		22b. ADDRESS 585 University Club Bldg	
22c. DATE SIGNED 6/23/62 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/23/1962	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	
23d. LOCATION (City, town, or county) Princeton, Indiana			
24. FUNERAL DIRECTOR Parker-Aldrich, Webster Groves, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 23 1962	
		26. REGISTRAR'S SIGNATURE Loal 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 Yan M. Sizemore

Licensed Embalmer No. 4342

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.