

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028375

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 317

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis County	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Francois Township		Length of stay in 1b 24Y; 2M; 5das.	c. CITY OR TOWN Ferguson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 416 Harrison
3. NAME OF DECEASED (Type or print) First HARRY Middle A. Last TESSON		4. DATE OF DEATH Month July Day 15 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 4, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) common labor		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 70
13a. FATHER'S NAME Alexander Tesson		13b. MOTHER'S MAIDEN NAME Louise Smith	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Records, State Hospital #4, Farmington, 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) Terminal pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 das.
DUE TO (b) Arteriosclerosis, generalized and marked			5 years.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dementia Praecox Psychosis			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 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 _____ 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 _____ to July 15, 1962 and last saw him alive on July 15, 1962		Death occurred at 6:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS State Hospital No. 4, Farmington, Missouri	22c. DATE SIGNED 7-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-19-62	23c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cemetery	23d. LOCATION (City, town, or county) (State) Florissant, Missouri
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Missouri		25. DATE RECD. BY LOCAL REG. July 18, 1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

VS 300 Rev. 4/59
6940
240092
3
4 0
5 0
6
7 0
8 2
9 4500
10
11
12 93-0
13 1-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

7 12
2 12
AUG 3 1962

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 Ch Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington 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.

Spalding
1962