

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028563

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6765**

STATE FILE NUMBER

FILED JUL 31 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

| | | | | | | | | |
|---|---|--|--|---|---|---------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | Length of stay in 1b | c. CITY OR TOWN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| SAINT LOUIS | | SAINT LOUIS | | 10 DAYS | HOUMA | | a. STATE LOUISIANA b. COUNTY TERREBONNE | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | | Inside Limits | d. STREET ADDRESS (If outside, give location) | | | Reside on Farm |
| ST. ANTHONY HOSPITAL | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | R.R. #2. BOX 330. | | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) | | | First | Middle | Last | 4. DATE OF DEATH | | |
| RITA | | | M. | | DARCEY | JULY 8, 1962 | | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> | Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH | | 9. AGE (last birthday) | | IF UNDER 1 YEAR |
| F | W | | | 10/20/1901 | | 60 | | 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 | |
| HOUSE-WIFE | | | AT HOME | | PLATTENVILLE, LOUISIANA | | U.S.A. | |
| 13a. FATHER'S NAME | | | 13b. MOTHER'S MAIDEN NAME | | | 14. NAME OF HUSBAND OR WIFE | | |
| FERDINAND MARQUETTE | | | EVA BOUDREAUX | | | IRA J. DARCEY | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address | | | |
| NO | | | NONE | | MR. IRA J. DARCEY R.R.#2.BX.330. HOUMA, LA. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | | |
| PART I. DEATH WAS CAUSED BY: | | | | | | | | |
| IMMEDIATE CAUSE (a) <i>Cerebro-vascular Thrombosis Multiple</i> | | | | | | | | |
| DUE TO (b) <i>Auricular Fibrillation Paroxysmal</i> | | | | | | | | |
| DUE TO (c) <i>Arteriosclerotic Heart Disease</i> | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | |
| <i>Diabetes Mellitus 420.0</i> | | | | | | | | |
| 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 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 <i>July 1, 1962</i> to <i>July 8, 1962</i> and last saw her alive on <i>July 8, 1962</i> | | | | | | | | |
| Death occurred at <i>10:48 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) | | | | | 22b. ADDRESS | | 22c. DATE SIGNED | |
| <i>Henry Cooper MD</i> | | | | | <i>818 Olive St.</i> | | <i>7/9/62</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) | | (State) |
| REMOVAL | | <i>7/9/62</i> | | GREENWOOD CEMETERY | | NEW ORLEANS, LOUISIANA | | |
| 24. FUNERAL DIRECTOR ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE | | |
| BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE. | | | | <i>JUL 9 1962</i> | | <i>Earl Smith, M.D.</i> | | |

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

DR. HENRY T. COOPER, MD.
PAUL BROWN BLDG.

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 H. Jutz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.