MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7965 STATE FILE NUMBER 62-032929

FILED AUG 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 9240,8 X 3 4 0 5 2 6 7 1 8 2 9 10 11 12 6.0 0 13 60

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Faith Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Tenn. b. COUNTY: Madison
c. CITY OR TOWN: Jackson
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. # 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: Everett Last: Stegall

4. DATE OF DEATH: Month: August Day: 13 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10/11/1880

9. AGE (last birthday): 81

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Timber Contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Smyrna, Tennessee.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Dick Richard Stegall

13b. MOTHER'S MAIDEN NAME: Emmaline Thompson

14. NAME OF HUSBAND OR WIFE: Tennie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.

16. SOCIAL SECURITY NO.:

17. INFORMANT: L. H. Stegall, Rt. # 2 Jackson, Tenn. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic myocarditis	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	anemia	3 days
DUE TO (c)	Senility 422.2	

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. p.m. Month, Day, Year

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 August 11, to 62 and last saw her/him alive on August 13, 1962
Death occurred at 8:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Stopletts M.D. (Degree or title)

22b. ADDRESS: 3505 Grand Blvd

22c. DATE SIGNED: 8/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal.

23b. DATE: 8/14/62

23c. NAME OF CEMETERY OR CREMATORY: Hollywood Cemetery

23d. LOCATION (City, town, or county) (State): Jackson, Tennessee.

24. FUNERAL DIRECTOR: Albert H. Hoppe, Inc., ADDRESS: 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: AUG 15 1962

26. REGISTRAR'S SIGNATURE: Earl 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_____ Signed Robert M. Murray

Signature of Student Embalmer

Licensed Embalmer No. 3749

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.