

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039906

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 473

FILED NOV 13 1962

VS 300
Rev. 4/59

1 0941
2 05706
3 2
4 1
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12 1-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE, MO.		Length of stay in 1b 18 DAYS	c. CITY OR TOWN FESTUS, MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) N. ADAM ST.
3. NAME OF DECEASED (Type or print) First ANNIE Middle EDWARDS Last DELANEY		4. DATE OF DEATH Month NOV. Day 8 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-25-82
9. AGE (last birthday) 80		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) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME MAKER	11. BIRTHPLACE (City and state or country) LONDON, ENGLAND
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM EDWARDS	
13b. MOTHER'S MAIDEN NAME ELIZABETH WILLIAMS		14. NAME OF HUSBAND OR WIFE ELMER E. DELANEY	
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.	17. INFORMANT NORMAN DELANEY Address 4475 LACLEDE ST. LOUIS, 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) Cerebral thrombosis DUE TO (b) RT hemiplegia DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH one wk
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 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 Sept 1962 to Nov 8, 1962 last saw her alive on Nov 7, 1962		Death occurred at 12:30 A on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. A. Huckstep M.D. (Degree or title)		22b. ADDRESS Farmington, MO	22c. DATE SIGNED 11-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-10-62	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW PRESBYTERIAN	23d. LOCATION (City, town, or county) (State) FESTUS, MISSOURI
24. FUNERAL DIRECTOR James R. Cady ADDRESS Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 10, 1962	26. REGISTRAR'S SIGNATURE Ether Rudloff

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard Cady
Licensed Embalmer No. 4369

P. O. Address Crystal City 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.