

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040094

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**
FILED OCT 19 1962

Primary Registration District No. **1003**

Registrar's No. **9836**

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in lb 7 Wks	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Scott		c. CITY OR TOWN Winchester		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. # 1			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last LARRY G. CHRISTISON			4. DATE OF DEATH Month Day Year OCTOBER 12 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 9/3/1943		9. AGE (last birthday) 19		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) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pittsfield, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Lloyd Christison			13b. MOTHER'S MAIDEN NAME Janice Stice			14. NAME OF HUSBAND OR WIFE Nil.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Lloyd Christison, R. #1 Winchester, Ill.				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAIN STEM GLIOBLASTOMA MULTIFORME									INTERVAL BETWEEN ONSET AND DEATH 4 MONTHS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 193.0										
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 checked="" type="checkbox"/> NO <input 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 s.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 AUG. 17, 1962 to OCT. 12, 1962 and last saw her/him alive on OCT. 12, 1962 Death occurred at 8:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <i>C. D. Vermillion, M.D.</i> M. D.				22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 10/13/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-15-62		23c. NAME OF CEMETERY OR CREMATORY Winchester Cemetery		23d. LOCATION (City, town, or county) Winchester, Ill		23e. (State)		
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.				25. DATE RECD. BY LOCAL REG. OCT 15 1962		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>				

USE BLACK INK OR TYPEWRITER RIBBON

OCT 25 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 Harry E. Monroe

Licensed Embalmer No. 4495

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.