

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042428

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 197

FILED DEC 8 1962

VS 300
Rev. 4/59

10465
281202

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4 0
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7 1
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99168
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>Caseyville</u>	
Length of stay in lb <u>days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W.P. Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>34 Oak Dr. Rt.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Steven Hale Walsh</u>			4. DATE OF DEATH <u>November 23, 1962</u>
First <u>Steven</u> Middle <u>Hale</u> Last <u>Walsh</u>		Month <u>November</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-7-1953</u>
9. AGE (last birthday) <u>9 years</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>student</u>	11. BIRTHPLACE (City and state or country) <u>Batesville, Ark.</u>
		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Walsh</u>		13b. MOTHER'S MAIDEN NAME <u>Linda Lane Walsh</u>	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT <u>John Walsh, Caseyville, Ill.</u>	
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. <u>no</u>	
17. 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) <u>Respiratory failure</u>	
		DUE TO (b) <u>Shock</u>	
		DUE TO (c) <u>1st. & 2nd. Degree burns on upper half of body</u>	
		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 checked="" 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.) <u>Shirt caught fire from trash burning in</u>		20c. TIME OF INJURY Hour <u>4:05</u> Month, Day, Year <u>11-22-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>backyard of grandmother's</u>	
20f. CITY, TOWN, OR LOCATION <u>home, West Plains, Howell, Missouri</u>		COUNTY STATE	
21. I attended the deceased from <u>4:25 a.m.</u> to <u>4:25 a.m.</u> and last saw her/him alive on <u>11-23-62</u> . Death occurred at <u>4:25 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank Cook, Coroner</u> (Degree or title)		22b. ADDRESS <u>West Plains, Howell, Mo.</u>	
22c. DATE SIGNED <u>11-23-62</u>		23d. LOCATION (City, town, or county) (State) <u>West Plains, Howell, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11-26-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>West Plains, Howell, Mo.</u>	
24. FUNERAL DIRECTOR <u>Robertson's, West Plains, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-28-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

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 *J. S. Roberts*

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.