

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043843

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 505

FILED DEC 11 1962

VS 300
Rev. 4/59

1 0945

2 0950

3

4 0

5 1

6

7 0

8 2

9 332X

10

11

12 86-0

13 1-0

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 ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON		Length of stay in 1b 3 MONTHS	c. CITY OR TOWN BLOOMSDALE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EASTER HOME OF RUTH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) BLOOMSDALE
3. NAME OF DECEASED (Type or print) First KATHERINE Middle M Last CARRON		4. DATE OF DEATH Month DECEMBER Day 2 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-3-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (last birthday) 87
11. BIRTHPLACE (City and state or country) ZELL, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JOHN BAUMAN		13b. MOTHER'S MAIDEN NAME EMILY HOOG	14. NAME OF HUSBAND JOSEPH B. CARRON
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 JOSEPH B. CARRON, BLOOMSDALE, MO.		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) Cerebral thrombosis DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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 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 BLOOMSDALE
21. I attended the deceased from Nov 15, 1962 to Dec. 2, 1962 and last saw her alive on Nov 29, 1962 Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) R. A. Luckstep M.D.	
22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 12/4/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-4-1962	23c. NAME OF CEMETERY OR CREMATORY ST. AGNES	23d. LOCATION (City, town, or county) BLOOMSDALE, MISSOURI
24. FUNERAL DIRECTOR JEROME H. STANTON, STE. GENEVIEVE, MO.		25. DATE RECD. BY LOCAL REG. Dec. 4, 1962	26. REGISTRAR'S SIGNATURE Ether Rudloff

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



Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.