

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004007

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **210**

STATE FILE NUMBER

FILED JAN 16 1963

VS 300
Rev. 4/59

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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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 3719 Windsor Pl.	
3. NAME OF DECEASED (Type or print) First LINDA Middle NMN Last RANDALL		4. DATE OF DEATH Month Jan. Day 6 Year 1963	
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-3-1904
9. AGE (last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Natchez, Mississippi		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lloyd Randall		13b. MOTHER'S MAIDEN NAME Lucille Scott	
14. NAME OF HUSBAND OR WIFE Esther Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Esther Smith-3719 Windsor Ave.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HISTIOCYTIC MEDULLARY RETICULOENDOTHELIOSIS, DISSEMINATED Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2021 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 years
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 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 8:30 a.m. p.m.	Month, Day, Year 1/17/62	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 Natchez, Mississippi	
21. I attended the deceased from 11/17/62 to 1/6/63 and last saw her/him alive on 1/6/63		Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>C. D. Vermillion, M.D.</i> (Degree or title) M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 1/7/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1-9-1963		23c. NAME OF CEMETERY OR CREMATORY Natchez	
23d. LOCATION (City, town, or county) Natchez, Mississippi		23e. LOCATION (State) Mississippi	
24. FUNERAL DIRECTOR Ellis Funeral Home-2820 Stoddard St.		25. DATE RECD. BY LOCAL REG. JAN 8 1963	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

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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

Fulton E. Beck

Licensed Embalmer No. 4196

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.