

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004259

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District **1003**

Registrar's No. **32**

FILED JAN 16 1963

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AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

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 Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b 3 days	c. CITY OR TOWN Pacific
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Vets Adm Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt 2
3. NAME OF DECEASED (Type or print) First Chris Middle F Last Warmbold		4. DATE OF DEATH Month 1 Day 1 Year 1963	
5. SEX M	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 10/29/24
9. AGE (last birthday) 38		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Chris E. Warmbold	
13b. MOTHER'S MAIDEN NAME West		14. NAME OF HUSBAND OR WIFE Dorothy Warmbold	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, or unknown) (If yes, give war or dates) Yes Korean		17. INFORMANT Dorothy Warmbold Wife (See 2 above)	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embryonal Cell Carcinoma Testicle		INTERVAL BETWEEN ONSET AND DEATH 5 Months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 178x		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	
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 VAH, St Louis, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 12/30/62 to 1/1/63 and last saw him alive on 1/1/63		Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Gordon W. Philpott</i>		22c. DATE SIGNED 1/1/63	
(Degree or ADDRESS MD VAH, St Louis, Mo.)		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan 1, 1963	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Church	23d. LOCATION (City, town, or county) Robertsville, Mo
24. FUNERAL DIRECTOR Bell Funeral Home		25. DATE RECD. BY LOCAL REG. JAN 3 1963	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>

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 *Deborah Bell*

Licensed Embalmer No. 4977

P.O. Address Pacific, 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.