

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-004445
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 197

FILED JAN 25 1963		1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ADAMS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 2 DAYS		c. CITY OR TOWN QUINCY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) SOLDIERS AND SAILORS HOME Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CHARLES L. EVERETT			4. DATE OF DEATH Month 1 Day 17 Year 1963		
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 4-7-1890	9. AGE (last birthday) 72 YRS	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARMING & ODD JOBS		11. BIRTHPLACE (City and state or country) BATHALTO, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JAMES EVERETTE		13b. MOTHER'S MAIDEN NAME NELLIE BRITTON	
14. NAME OF HUSBAND OR WIFE (NEVER MARRIED)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT MRS. HELEN SIMPSON, Rt. 1 Box 147, Dorsey, Ill.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPIRATION PNEUMONITIS		INTERVAL BETWEEN ONSET AND DEATH 12 HOURS	
DUE TO (b) PARALYTIC ILEUS with FECAL VOMITING		DUE TO (c) INCARCERATED ILEUM in INGUINAL HERNIA		1-3 DAYS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). CHOLELITHIASIS; BENIGN PROSTATIC HYPERTROPHY; GENERALIZED ARTERIOSCLEROSIS with ARTERIOSCLEROTIC HEART DISEASE		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 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 VA		COUNTY		STATE	
21. attended the deceased from 1-15-63 to 1-17-63 Death occurred at 1:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>John Mueller M.D.</i>		22b. ADDRESS M.D. VA HOSP. JEFF. BRKS. MO	
22c. DATE SIGNED 1-17-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 21, 1963	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		(State)	
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries		25. DATE RECD. BY LOCAL REG. 1-19-63		26. REGISTRAR'S SIGNATURE <i>John B. Humphrey M.D.</i>	
27. ADDRESS 7814 So. Broadway St. Louis, Mo.		(Licensed Embalmer's Statement on Reverse Side)			

DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
 VS 300 Rev. 4/59
 1 4000
 2 8120
 3
 4 0
 5 0
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 7 1
 8 1
 9 5610
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 12 48-0
 13
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

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

John L. Demme

Licensed Embalmer No. 4194

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.