

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007255
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 76

FILED MAR 5 1963

VS 300
Rev. 4/59

1 0500
2 0500

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4 1
5 2
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7 0
8 2
9 422.1
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11
12 86-0
13 1-0

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 JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP		Length of stay in 1b 2 YRS	c. CITY OR TOWN FESTUS, MO.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. VIEW NURSING HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. # 1,
3. NAME OF DECEASED (Type or print) First MARY Middle SOPHIE Last CHARLEVILLE		4. DATE OF DEATH Month FEB. Day 25 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-76
9. AGE (last birthday) 86		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) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME MAKER	11. BIRTHPLACE (City and state or country) KINSEY, MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME JOSHUA BILLY	
13b. MOTHER'S MAIDEN NAME JOSEPHINE PRIMO		14. NAME OF HUSBAND OR WIFE FRANK CHARLEVILLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		17. INFORMANT 31 MAS. DONALD FRANCIS, ST. LOUIS, MO.	
16. SOCIAL SECURITY NO.		Address 6344 LEMAY FERRY	
18. CAUSE OF DEATH (Enter only one cause per part) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coroio Vascular Disease			INTERVAL BETWEEN ONSET AND DEATH Worse 3 Wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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.	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 COUNTY STATE	
21. I attended the deceased from 1-6-60 to 2-18-63 and last saw her/him alive on 2-18-63 Death occurred at 7:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 112 MISSISSIPPI AVE CRYSTAL CITY MO	22c. DATE SIGNED 2-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-28-63	23c. NAME OF CEMETERY OR CREMATORY SACRED HEART	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY MISSOURI
24. FUNERAL DIRECTOR ADDRESS James R. Cady Crystal City MO.		25. DATE RECD. BY LOCAL REG. 2-26-63	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

MAR 6 1963

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 James Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY, 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.