

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009120

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1187

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Inside Limits

Mo.

c. CITY OR TOWN

St. Louis

Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Inside Limits Yes No

d. STREET ADDRESS (If outside, give location)

609 Hickory

Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Frank J. Morland

4. DATE OF DEATH

Month

Day

Year

2/1/63

5. SEX

m

6. COLOR OR RACE

w

7. Married Never Married Widowed Divorced

xx

8. DATE OF BIRTH

11/10/12

9. AGE (last birthday)

50

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

service station attndt.

10b. KIND OF BUSINESS OR INDUSTRY

gasoline

11. BIRTHPLACE (City and state or country)

Nettleton, Ark.

12. CITIZEN OF WHAT COUNTRY

usa

13a. FATHER'S NAME

John Frank Morland

13b. MOTHER'S MAIDEN NAME

Mary Florence Downs

14. NAME OF HUSBAND OR WIFE

Gertrude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

NO:

17. INFORMANT

Address

19 Earnest F. Collins, 1216 S. 9th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion with

DUE TO (b)

Myocardial infarction.

DUE TO (c)

Acute Pulmonary Edema

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

4201

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

10:50p

22a. SIGNATURE (Degree or title)

Helen L Taylor, Coroner

22b. ADDRESS

1300 Clark Ave

22c. DATE SIGNED

2-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

2/5/63

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (City, town, or county)

Jeff. Brks. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Rowland-Ogden, 4106 Manchester

25. DATE RECD. BY LOCAL REG.

FEB 4 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

VS 300 Rev. 4/59

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1275-3

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75

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

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 Phillip H. Ogden

Licensed Embalmer No. My. 5770

P. O. Address _____

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.