

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-013029

STATE FILE NUMBER

Registration District No. **318** XC# UNKNOWN SL#30617
 Primary Registration District No. **1003** Registrar's No. **3707**

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 8 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.	Length of stay in 1b 18 DAYS	c. CITY OR TOWN LEADINGTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		d. STREET ADDRESS (If outside, give location) (NO STREET ADDRESS)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CLINTON Middle E. Last BIBLE			4. DATE OF DEATH Month MARCH Day 29 Year 1963			
5. SEX MALE	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 10/21/12	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). MINER		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country). FRENCH VILLAGE, MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN BIBLE		13b. MOTHER'S MAIDEN NAME SUSAN MATHEWS		14. NAME OF HUSBAND OR WIFE JULE BIBLE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of serv) YES WW 2		16. SOCIAL SECURITY NO.		17. INFORMANT JULE BIBLE SEE 2C Address		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201		
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour 4:30 a.m. p.m.	Month, Day, Year 3/29/63
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION LEADINGTON	COUNTY	STATE
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21. attended the deceased from 3/12/63 to 3/29/63 and last saw her/him alive on 3/29/63 Death occurred at 4:30 PM m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>J. Schaefer MD</i>	22b. ADDRESS M.D. VAH, ST. LOUIS, MO.	22c. DATE SIGNED 3/30/63
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23c. LOCATION (City, town, or county) (State) Leadington Mo.
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24. FUNERAL DIRECTOR Caldwell Funeral Home	25. DATE RECD. BY LOCAL REG. APR 1 1963	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 AMENDED
 DATE AMENDED
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 83
 USE BLACK INK OR TYPEWRITER RIBBON
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF DOCUMENT

MAY 20 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 L. Cresson

Licensed Embalmer No. 5168

P. O. Address Millstadt, Ill.

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.

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