

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-013125
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 3448

FILED MAR 28 1963

VS 300
Rev. 4/59

1

2 2/6

3

4 0

5 2

6

7 2

8 2

9

10

11

12 90-0

13

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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location). 4150 Hartford St.	
3. NAME OF DECEASED (Type or print)		First		Last	
WILLIAM		L.		CLUCAS	
4. DATE OF DEATH		Month		Day	
Mar.		24		1963	
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
Male		White		8. DATE OF BIRTH	
				6-17-1874	
9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR	
88		Months		Days	
				Hours	
				Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
Plumbing Contractor (Retired)		(Retired)		Goderich, Ontario, Canada	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
U.S.A.		Henry Clucas		Anne Logan	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
Late Hannah Clucas		No		95	
17. INFORMANT		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
Address Glendale, Mo.		None		4 YEARS	
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.)	
				ARTERIOSCLEROTIC HYPERTENSIVE HEART DISEASE	
				ARTERIOSCLEROSIS GENERALIZED	
				42010	
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	
				COUNTY	
				STATE	
21. I attended the deceased from		3-16-61		to 3-24-63 and last saw him alive on 3-19-63	
Death occurred at		11:50 A.		m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE		(Degree or title)		22b. ADDRESS	
Elmer Johnson M.D.				283850 GRAND CITY 18	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
3/25/63		Removal		Mar. 26, 1963	
		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)	
		Valhalla Cemetery		St. Louis, Mo.	
		24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
		Kriegshauser 4228 S. Kingshighway		MAR 25 1963	
				26. REGISTRAR'S SIGNATURE	
				Road Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

90

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

R.W. Stover

Licensed Embalmer No.

4007

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.