

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016530

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 762 Primary Registration District No. 5595 Registrar's No. 39

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rock Township		Length of stay in 1b 83 Yrs	c. CITY OR TOWN Imperial Rural Route
c. FULL NAME OF (If NOT in hospital, give location) Highway 61 Imperial		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Highway 61 Rural

3. NAME OF DECEASED (Type or print) Catherine McGuire			4. DATE OF DEATH April 17 1963		
5. SEX Female	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 July 5 1879	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Sulphur Springs Mo.		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Frank Stark		13b. MOTHER'S MAIDEN NAME Christina Doerflinger		14. NAME OF HUSBAND OR WIFE Roland McGuire	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO.		17. INFORMANT Roland McGuire Imperial Mo	

18. CAUSE OF DEATH (Enter only one cause per part) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor. Myocarditis Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
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 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 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. 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.) Imperial Jefferson Mo	20f. CITY, TOWN, OR LOCATION Imperial Jefferson Mo	COUNTY Mo	STATE
21. I attended the deceased from 1959 to 4-17-63 and last saw him live on 4-15-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Heich Ms.	(Degree or title)	22b. ADDRESS Imperial Mo	22c. DATE SIGNED 4/18/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 20 1963	23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	23d. LOCATION (City, town, or county) Kimmswick Mo
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24. FUNERAL DIRECTOR Heiligtag Funeral Home Imperial M	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-20-63	26. REGISTRAR'S SIGNATURE Robert E. Bauer
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF DOCUMENT

VS 300 Rev. 4/59	
10500	
20500	
3	
4 1	
5 1	
6	
7 0	
8 2	
9 422.1	
10	
11	
12 90-0	
13 2-0	

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 Elmer Haligtag

Licensed Embalmer No. 3571

P. O. Address Imperial MN

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.