

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-017981

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

XC# 1206946

SL# 23402

Primary Registration District No. 1003

Registrar's No. 3947

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b <u>58</u> DAYS	c. CITY OR TOWN <u>Bellefontaine Neighbors</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VAH, ST. LOUIS, MO.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1218 WENTWORTH</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>J.</u> Last <u>MORLEY</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>6</u> , Year <u>1963</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/30/96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) <u>66</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JOHN MORLEY</u>		13b. MOTHER'S MAIDEN NAME <u>BRIDGNETT SNEE</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA P. MORLEY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>EDNA P. MORLEY SEE 2D</u> Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>HYPOXIA</u>			
DUE TO (b) <u>WIDESPREAD METASTATIC CANCER - NECK</u>			<u>4</u> WEEKS
DUE TO (c) <u>CARCINOMA HEAD AND NECK</u>			<u>2</u> YEARS
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
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.) <u>199.2</u>			
20c. TIME OF INJURY Hour _____ s.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.) <u>VA</u>	
20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>2/7/63</u> to <u>4/6/63</u> and last saw ^{her} him alive on <u>4/6/63</u> Death occurred at <u>1:50</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clarence L. McDaniel</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	
22c. DATE SIGNED <u>4/6/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE IN (E. L. MAXIMUM) OF CEMETERY OR CREMATORY <u>4-9-63</u>	
23c. LOCATION (City, town, or county) <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>Buchholz Mortuary</u> ADDRESS <u>5967 W. Florissant</u>		25. DATE RECD. BY LOCAL REG. <u>APR 8 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Clarence L. McDaniel M.D.</u>			

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 Wilfred Buchholz

Licensed Embalmer No. 4554

P. O. Address St. Louis

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.