

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018061

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **31804581**

Primary Registration District No. **al-302631003**

Registrar's No. **4837**

FILED MAY 9 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Length of stay in 1b 6 DAYS	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4064 OLIVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BERT PASCHALL			4. DATE OF DEATH Month Day Year MAY 2 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-1-94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		10b. KIND OF BUSINESS OR INDUSTRY HAZEL, KY.	9. AGE (last birthday) 68 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) HAZEL, KY.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES PASCHALL		13b. MOTHER'S MAIDEN NAME EDNA CHARLTON	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES MAY 1		16. SOCIAL SECURITY NO. JEWELL PASCHALL RT #1 HAZEL, KY	
17. INFORMANT JEWELL PASCHALL RT #1 HAZEL, KY			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intratracheal hemorrhage from tumor INTERVAL BETWEEN ONSET AND DEATH 5 minutes DUE TO (b) Squamous cell carcinoma of esophagus 6 months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Aortic aneurysm, secondary to lues, suspected years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 150 X B			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, SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		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 1-18-63 to 5-2-63 and last saw her alive on 5-2-63 Death occurred at 9:35 AM m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles A. Winterbury		22b. ADDRESS M.D. VAH, ST. LOUIS, MISSOURI	22c. DATE SIGNED 5/3/63
23a. BURIAL, CREMATION, INTERMENT, REMOVAL (Specify) Removal		23b. DATE OF INTERMENT 4-4-63	23c. LOCATION (City, town, or county) (State) Hazel, Ky.
24. FUNERAL DIRECTOR Miller Funeral Home, Hazel, Ky.		25. DATE RECD. BY LOCAL REG. MAY 3 1963	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

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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 _____

Harvey Kahle

Licensed Embalmer No. 4596

P.O. Address By Lumber Co

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: