

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018388

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3906** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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FILED APR 17 1963

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Rev. 4/59

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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		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in lb 3 wks.	2. USUAL RESIDENCE (Where deceased lived/ If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid		c. CITY OR TOWN Catron	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ALICE Middle G. Last WILSON			4. DATE OF DEATH Month 4 Day 5 Year 63			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 4-21-1906	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Washington County, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME AVERY HANSEL				13b. MOTHER'S MAIDEN NAME EDDA STROUP		14. NAME OF HUSBAND OR WIFE DAVE Wilson							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)				16. SOCIAL SECURITY NO. 88		17. INFORMANT DAVE Wilson Address Catron - Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RHEUMATIC HEART DISEASE DUE TO (b) CONGESTIVE FAILURE DUE TO (c) 4167 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.													
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 checked="" 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 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 3-17-63 to 4-5-63 and last saw ^{her} / _{him} alive on 4-5-63 . Death occurred at 11:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Thomas J. P... M.D.</i> (Degree or title)						22b. ADDRESS 1515 LAFAYETTE AVE.			22c. DATE SIGNED 4-6-63 (State)				
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE 4-18-63		23c. NAME OF CEMETERY OR CREMATORY SUNSET Hill			23d. LOCATION (City, town, or county) Potosi Missouri (State)						
24. FUNERAL DIRECTOR DONALD SPARKS Address Potosi, Mo.				25. DATE RECD. BY LOCAL REG. APR 6 1963		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>							

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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 *Donald Sparks*

Licensed Embalmer No. 4819

P. O. Address Lotosi, 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.