

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021414
STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4935

FILED MAY 17 1963

VS 300
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

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		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 checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)		First Middle Last		4. DATE OF DEATH Month Day Year	
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"/>	
8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR. IF UNDER 24 HR.	
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)	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		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 serv)		16. SOCIAL SECURITY NO.		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
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 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 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. Attended the deceased from		to		and last saw him alive on	
Death occurred at		m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or Title)		22b. ADDRESS		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county)		(State)			
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	

1. PLACE OF DEATH: a. COUNTY: **St Louis**
 2. USUAL RESIDENCE: a. STATE: **Missouri** b. COUNTY: **St Louis**
 b. CITY: **St Louis** Length of stay in 1b: **9 days** c. CITY OR TOWN: **St Louis** Inside Limits: Yes No
 c. FULL NAME OF HOSPITAL OR INSTITUTION: **Vets Admin Hospital** d. STREET ADDRESS: **3941 Olive** Reside on Farm: Yes No
 3. NAME OF DECEASED: **Basil E Carathers** 4. DATE OF DEATH: **5/5/63**
 5. SEX: **Male** 6. COLOR OR RACE: **White** 7. Married: Never Married: Widowed: Divorced:
 8. DATE OF BIRTH: **6/3/12** 9. AGE: **50** IF UNDER 1 YEAR: Months: **5** Days: **19** IF UNDER 24 HR: Hours: **2** Min: **0**
 10a. USUAL OCCUPATION: **Cook** 10b. KIND OF BUSINESS OR INDUSTRY: **Cook** 11. BIRTHPLACE: **Lisbon, Ia** 12. CITIZEN OF WHAT COUNTRY: **USA**
 13a. FATHER'S NAME: **Benjamin F. Carathers** 13b. MOTHER'S MAIDEN NAME: **Wooley** 14. NAME OF HUSBAND OR WIFE: **None**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? **Yes** (If yes, give war or dates of serv): **WWII** 16. SOCIAL SECURITY NO.: **162.1** 17. INFORMANT: **J.C. Carathers (Brother)** Address: **2050 Kelley Street Alexandria, Ia**
 18. CAUSE OF DEATH: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): **BRONCHOGENIC CARCINOMA**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): **162.1**
 PART III. If deceased was female was there a pregnancy in last 90 days: Yes No Unknown
 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE: 20b. DESCRIBE HOW INJURY OCCURRED: **VA**
 20c. TIME OF INJURY: **9:55 AM** 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY: **VA** 20f. CITY, TOWN, OR LOCATION: **St Louis, Mo.** COUNTY: **VAH** STATE: **Mo.**
 21. Attended the deceased from: **4/27/63** to: **5/5/63** and last saw him alive on: **5/5/63**
 Death occurred at: **9:55 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE: **Michael P. Kaye** (Degree or Title): **MD** 22b. ADDRESS: **VAH, St Louis, Mo.** 22c. DATE SIGNED: **5/6/63**
 23a. BURIAL, CREMATION, REMOVAL (Specify): **removal** 23b. DATE: **5-8-63** 23c. NAME OF CEMETERY OR CREMATORY: **National Cem.** 23d. LOCATION (City, town, or county): **Jeff. Brks., Mo.** (State): **Mo.**
 24. FUNERAL DIRECTOR: **Southern Funeral Home** ADDRESS: **6322 S. Grand, St. Louis, Mo.** 25. DATE RECD. BY LOCAL REG.: **MAY 7 1963** 26. REGISTRAR'S SIGNATURE: **Earl Smith, M.D.**

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 Louis Van Fossan.

Licensed Embalmer No. 4282

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.