

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021425
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5277

FILED MAY 27 1963	
1. PLACE OF DEATH	
a. COUNTY Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MO Length of stay in 1b	
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 ST. LOUIS CITY HOSP. #1 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 815 Chestnut St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LUTHER C. CHAMPION	
4. DATE OF DEATH MAY 14, 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 7/17/1879
9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (City and state or country) Hathaway, Tenn.	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME James Champion	13b. MOTHER'S MAIDEN NAME Cynthia (Unknown)
14. NAME OF HUSBAND OR WIFE Clara	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
17. INFORMANT Aline Brunk, 2016 Knox Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Panhypopituitarism	
IMMEDIATE CAUSE (b) Chromophobe adenoma	
IMMEDIATE CAUSE (c) CHROMOPHOBOSE 272X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary emboli	
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 checked="" type="checkbox"/> NO <input 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	
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 Caruthersville, Mo. COUNTY STATE	
21. I attended the deceased from 5/10/63 to 5/14/63 and last saw her/him alive on 5/14/63	
Death occurred at 8:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE T. E. Brittingham (Name or title)	22b. ADDRESS 1515 LAFAYETTE AVE
22c. DATE SIGNED 5/14/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-16-63
23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cemetery	
23d. LOCATION (City, town, or county) Caruthersville, Mo.	
24. FUNERAL DIRECTOR Smith Funeral Home, Caruthersville, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. MAY 16 1963
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

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ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Brottingham 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 *John Haines*

Licensed Embalmer No. 4108

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.

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