MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022778
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1612

FILED MAY 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4031
2 4013
3 2
4 1
5 0
6
7 0
8 1
9 7620
10
11
12 43-2
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 59 MIN.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Normandy Osteopathic Hos. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Florissant — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 540 N. Florissant — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Christine Middle: Gail Last: Sorenson

4. DATE OF DEATH: Month: May Day: 17 Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Widowed ☐ Never Married ☑ Divorced ☐

8. DATE OF BIRTH: 5-17-63

9. AGE (last birthday): newborn — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min. 59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): newborn

10b. KIND OF BUSINESS OR INDUSTRY: newborn

11. BIRTHPLACE (City and state or country): Normandy, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Guy Sorenson

13b. MOTHER'S MAIDEN NAME: Sally Raney

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 service): unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT: Guy Sorenson Address: 540 N. Florissant

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Anoxia — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Primary atelectasis — 1 hour
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: ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5-17-63, to 5-17-63 and last saw her alive on 5-17-63
Death occurred at 5:36 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert O. Clark D.O.

22b. ADDRESS: 1735 S. Florissant Rd. Florissant Mo.

22c. DATE SIGNED: 5-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5-18-63

23c. NAME OF CEMETERY OR CREMATORY: New Masonic

23d. LOCATION (City, town, or county) (State): Potosi Missouri

24. FUNERAL DIRECTOR: Sparks ADDRESS: Potosi, Mo.

25. DATE RECD. BY LOCAL REG.: 5-19-63

26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Potosi, 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.