

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025858

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

6994

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 1 2 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 2 weeks	c. CITY OR TOWN Fredericktown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 107 N. Main

3. NAME OF DECEASED (Type or print) First Middle Last EMERSON FIREBAUGH			4. DATE OF DEATH Month Day Year July 3 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-22-1871	9. AGE (last birthday) 92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timberworker Retired		10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (City and state or country) Indiana	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Daniel Firebaugh		13b. MOTHER'S MAIDEN NAME Elizabeth Conyers		14. NAME OF HUSBAND OR WIFE Tempa Firebaugh (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT Address Dewey Firebaugh Fredericktown Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Congestive heart failure		12 days
DUE TO (b) Rheumatic Heart Disease		Unk.
DUE TO (c) 4/6 x F		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured neck right hip		
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 <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 a.m. p.m. 6 20 63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Fred ericktown	COUNTY STATE Mo.
21. I attended the deceased from 6/20/63 , to 7/3/63 and last saw ^{him} alive on 7/3/63 Death occurred at 7:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) FR Bradley M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 7/3/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 5 1963	23c. NAME OF CEMETERY OR CREMATORY Christian Cemetery	23d. LOCATION (City, town, or county) (State) Madison Co., Mo.
24. FUNERAL DIRECTOR L.V. Adamson		25. DATE REG. BY LOCAL REG. JUL 5 1963	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

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

JUL 15 1963

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

Frank Trucceff

Licensed Embalmer No. 4356

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.