

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030345

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7984** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 15 1963		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Williamson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 16 days		c. CITY OR TOWN Herrin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 311 South 12th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RYBURN Middle B. Last NORTH			4. DATE OF DEATH Month August Day 5 Year 1963		
5. SEX Male	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 6-21-1903	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government employee		10b. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (City and state or country) Carterville, Illinois	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Roscoe North		13b. MOTHER'S MAIDEN NAME Emma Baxter	
14. NAME OF HUSBAND OR WIFE Virginia Underwood		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 Mrs. Virginia North - wife		Address 311 S. 12th St. - Herrin, Illinois		INTERVAL BETWEEN ONSET AND DEATH Years	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				443x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)				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 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 a.m. p.m. 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 XXXXX		COUNTY Herrin STATE Illinois	
21. I attended the deceased from 7/18/63 to 8/5/63 and last saw him alive on 8/5/63 Death occurred at 1:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. D. Venillian, M.D.</i>		(Degree or title) M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 8/5/63					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-7-63	23c. NAME OF CEMETERY OR CREMATORY Carterville City		23d. LOCATION (City, town, or county) (State) Carterville, Illinois	
24. FUNERAL DIRECTOR Geo. Van Natta Funeral Home		ADDRESS Herrin, Ill.		25. DATE RECD. BY LOCAL REG. AUG 6 1963	26. REGISTRAR'S SIGNATURE <i>Head Smith, M.D.</i>

AUG 28 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 James L. Cresson

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

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.