

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 174 Primary Registration District No. 4234 Registrar's No. 105 STATE FILE NUMBER 63-032119

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY <u>IRON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FRONTON</u> Length of stay in 1b <u>3 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S of the Ozarks</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>IRON</u> c. CITY OR TOWN <u>FRONTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>ST. MARY'S of the Ozarks</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
---	--	--	--

3. NAME OF DECEASED (Type or print) First <u>TAMARA</u> Middle <u>SUE</u> Last <u>SETTLE</u>			4. DATE OF DEATH Month <u>August</u> Day <u>19</u> Year <u>1963</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-16-1963</u>	9. AGE (last birthday) <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>FRONTON, Mo</u>	
13a. FATHER'S NAME <u>LARRY SETTLE</u>		13b. MOTHER'S MAIDEN NAME <u>SUE TESREAU</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. 	17. INFORMANT Address <u>LARRY SETTLE</u> <u>5168 WATERMAN, ST. LOUIS, Mo.</u>
--	------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital atelectasis</u> DUE TO (b) <u>Tetany</u> DUE TO (c) <u>Prematurity (4weeks)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 days</u> <u>3 days</u>
--	--	---

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 <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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>	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.)
--	--	---

20f. CITY, TOWN, OR LOCATION COUNTY STATE
--

21. I attended the deceased from <u>8-16-63</u> to <u>8-19-63</u> and last saw her alive on <u>8-19-63</u> Death occurred at <u>2:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <u>J. E. Harland, M.D.</u>	22b. ADDRESS <u>Fronton, Missouri</u>	22c. DATE SIGNED <u>8-20-63</u>
---	---	---

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>8-20-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SETTLE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>MADISON County, Missouri</u>
--	------------------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <u>SAM NAJIM, Jr, Fredericktown, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-21-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Avis Jones</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 1 0470
 2 0470
 3 2
 4 1
 5 0
 6
 7 0
 8 0
 9762.5
 10
 11
 12 1-0
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 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 ^{NOT} embalmed ~~by me~~,

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sam Dajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredenshtown, 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.