

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032689

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5-596 Registrar's No. _____

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> b. CITY (If outside corporate limits, give (TOWNSHIP) only) OR TOWN <u>DE SOTO Valle</u> Length of stay in 1b <u>Life</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route #1, DE SOTO.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u> c. CITY OR TOWN <u>DE SOTO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route #1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last <u>LESTER JOSEPH PAUL</u> 5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>12-8-1907</u> 9. AGE (last birthday) <u>55</u>			4. DATE OF DEATH Month Day Year <u>Aug 17 1963</u> 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLUMBER</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>PLUMBING</u> 11. BIRTHPLACE (City and state or country) <u>DE SOTO, Mo</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOSEPH PAUL</u> 13b. MOTHER'S MAIDEN NAME <u>JENNIE TOLTON</u> 14. NAME OF HUSBAND OR WIFE <u>GENEVIEVE PAUL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT <u>GENEVIEVE PAUL</u> Address <u>Rt 1 De Soto, Mo</u>			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial infarct (ant septal)</u> DUE TO (c) <u>Coronary insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>30 days</u> <u>18 months</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 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 _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>7/18/63</u> to <u>8/17/63</u> and last saw him alive on <u>8/16/63</u> Death occurred at <u>about 1 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. A. Ralphy M.D.</u>		22b. ADDRESS <u>Felix Power M.D.</u>		22c. DATE SIGNED <u>8/15/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/20/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u> 23d. LOCATION (City, town, or county) <u>DE SOTO</u> (State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>MAHN Funeral Home De Soto, Mo</u> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <u>8-19-1963</u>		26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>

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AUG 29 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 Ronald J. Mehr

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.