

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034613

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2415

FILED AUG 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4003
2 4000
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9 9434.1
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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

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pacific</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Kirkwood</u> Length of stay in 1b		c. CITY OR TOWN <u>Pacific</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Joseph Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>125 Sand St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Thas</u> Middle <u>L.</u> Last <u>Sanford</u>		4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>C</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>Aug 15 1896</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insulated</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Pacific Mo</u>
13a. FATHER'S NAME <u>Jesse Sanford</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Turner</u>	
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. SOCIAL SECURITY NO. <u>-</u>		16. INFORMANT <u>Mrs Sanford Pacific Mo</u> Address <u>Pacific Mo</u>	
18. CAUSE OF DEATH (Enter only one cause permitted for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchial asthma</u>			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 _____ Month, Day, Year _____ a.m. _____ p.m.			
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>July 26-63</u> to <u>July 26-63</u> and last saw ^{her} him alive on <u>July 26-63</u> Death occurred at <u>19 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Becker MD</u>		22b. ADDRESS <u>Pacific</u>	22c. DATE SIGNED <u>7/27/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-29-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pacific</u>	23d. LOCATION (City, town, or county) <u>Pacific Mo</u>
24. FUNERAL DIRECTOR <u>Mrs Paul Shiebs</u> ADDRESS <u>Pacific Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-29-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 20 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 Ralph Atkinson

Licensed Embalmer No. 4808

P. O. Address Union 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.