

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037897

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9704** STATE FILE NUMBER

DO NOT WRITE ON THIS STUD. AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Glasgow Village	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		d. STREET ADDRESS (If outside, give location) 10214 Hobkirk Dr.	
3. NAME OF DECEASED (Type or print) First Dorothy Middle F. Last O'Haren		4. DATE OF DEATH Month 9 Day 27 Year 63	
5. SEX Female	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 9/29/09
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME John A. Knife	
14. MOTHER'S MAIDEN NAME Lena Vaughn		14. NAME OF HUSBAND OR WIFE William E. O'Haren	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Address Wm. E. O'Haren, 10214 Hobkirk Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Failure Carcinoma of Cervix & pelvic metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			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) 171x			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input checked="" type="checkbox"/> a.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 May 1962 to day of death and last saw her Sept-27-63 alive on 10:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carlo Leo H.D. (Degree or title)		22b. ADDRESS 5074 Union	
22c. DATE SIGNED 9/28/63		22d. STATE Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal mtr. 9/30/63		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY Elston		23d. LOCATION (City, town, or county) Mo.	
24. FUNERAL DIRECTOR Drehmann-Harral ADDRESS 1905 Union		25. DATE RECD. BY LOCAL REG. SEP 30 1963	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Carlo Rao
5074 Union
Hrs. Sat. 9 - 12

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 Albert P. Thompson

Licensed Embalmer No. 4437

P. O. Address St. Louis

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.