

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2712 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

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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

FILED SEP 23 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>ST. LOUIS</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SUNSET HILLS</u> Length of stay in 1b <u>5 Mo.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME PEACE HAVEN NURSING</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>ILLINOIS</u> COUNTY <u>MADISON</u></p> <p>c. CITY OR TOWN <u>GRANITE CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>2647 IOWA AVENUE</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>GROVER CEASE</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>8 28 1963</u></p>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-19-'89</u>
9. AGE (last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAYROLL OFFICE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. STEEL FDRY. CALHOUN, MO.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>WILLIAM W. CEASE</u>	
13b. MOTHER'S MAIDEN NAME <u>GARRIE LEE KENNEDY</u>	
14. NAME OF HUSBAND OR WIFE <u>VIOLET CEASE (DECEAS)</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 <u>ROBERT CEASE, 8 HORTON ST. RYE, NEW YORK</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Unknown natural causes</u>	
DUE TO (b) _____	
DUE TO (c) _____	
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 _____, to _____ and last saw her alive on _____	
Death occurred at <u>approx. 5:45 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Raymond H. Harris, Coroner</u>	22b. ADDRESS <u>Clayton, Missouri</u>
22c. DATE SIGNED <u>9/4/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>8-30-1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CHAPEL</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>
24. FUNERAL DIRECTOR <u>FRANK MERCER</u>	25. DATE RECD. BY LOCAL REG. <u>8-30-63</u>
26. REGISTRAR'S SIGNATURE <u>J. M. Murphy, M.D.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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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.

E-22

Student _____
Signature of Student Embalmer

Signed Charles E. Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City, Ill

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.