

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041179

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10337 STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in lb 6 days	c. CITY OR TOWN Creve Coeur
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 12907 Hibiscus
3. NAME OF DECEASED (Type or print) First Michael Middle M Last Barry		4. DATE OF DEATH Month Oct. Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/3/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Ky.
13a. FATHER'S NAME Hugh J Barry		13b. MOTHER'S MAIDEN NAME Rebecca Salmon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		17. INFORMANT Mell J Barry Address New Melle Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Terminal Pneumonia Pulmonary edema DUE TO (b) Carcinoma of Rt. Lung DUE TO (c) 163x			INTERVAL BETWEEN ONSET AND DEATH 4 days
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.	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 1963 to Oct. 16, 1963 last saw her live on Oct. 16/1963 Death occurred at 11:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clarence L. Clark M.D.		22b. ADDRESS 550 N. Ballas Rd. Creve Coeur, Mo.	
22c. DATE SIGNED 10/16/63		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/19/63	23d. LOCATION (City, town, or county) (State) St Louis County Mo.	
24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois		25. DATE RECD. BY LOCAL REG. OCT 17 1963	26. REGISTRAR'S SIGNATURE Roald Smith. M.D.

ERT 110-023

TURKEY

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 Donald Perry

Licensed Embalmer No. 1163

P. O. Address Green Me

208/21.50

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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.