

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042023

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10540**

FILED OCT 31 1963

VS 300 Rev. 4/59	DATE AMENDED				
1					
2	4030				
3					
4	0				
5	1				
6					
7	0				
8	2				
9					
10					
11					
12	520				
13					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

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, MISSOURI		c. CITY OR TOWN Moline Acres	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 2363 Gardner Drive	
3. NAME OF DECEASED (Type or print) RONALD N. SEGRAVES		4. DATE OF DEATH Month Day Year 10-22-63	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-8-1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock clerk		11. BIRTHPLACE (City and state of country) Holcomb, Mo	
13a. FATHER'S NAME Norman Segraves		13b. MOTHER'S MAIDEN NAME Vera Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 8-6-61 to 11-1-61		17. INFORMANT Address Judith Segraves - 2363 Gardner Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emboli Rheumatic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 8 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post Operative Mitral Valve REPLACEMENT			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.) 410X	
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 July 29, 1963 to Oct. 22, 1963 and last saw her/him alive on Oct. 22, 1963 Death occurred at 9:08 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. D. Demillion, M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 10-23-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Oct 26-1963	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cem.	23d. LOCATION (City, town, or county) (State) Kennett, Mo.
24. FUNERAL DIRECTOR Edw Koch + Son 3116 E 14th		25. DATE RECD. BY LOCAL REG. OCT 23 1963	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

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.

Student _____

Signature of Student Embalmer

Signed

V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.

6010-b-111