

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12.26.63-045945 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59	1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED	DOCUMENT
2	8-20-63		INSTEAD OF	
3			MEDICAL CERTIFICATION	
4	1			
5	2			
6				
7	1			
8	2			
9				
10				
11				
12	520			
13				
52		SHOULD READ	BY AFFIDAVIT OF	

FILED DEC 12 1963	
1. PLACE OF DEATH a. COUNTY <u>Ill.</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Length of stay in 1b _____	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Lawrence</u>	
c. CITY OR TOWN <u>Lawrencville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>603 Maple Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ora</u> Middle <u>Belle</u> Last <u>Rich</u>	4. DATE OF DEATH Month <u>December</u> Day <u>8</u> Year <u>1963</u>
5. SEX <u>Female</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>8-27-85</u>
9. AGE (last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Ill. Lawrence County</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	13a. FATHER'S NAME <u>Louis Conover</u>
13b. MOTHER'S MAIDEN NAME <u>Anna Davis</u>	14. NAME OF HUSBAND OR WIFE <u>widowed</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____
17. INFORMANT <u>Kenneth Rich</u> Address <u>St. Louis, Mo.</u>	18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma of uterus with metastases.</u> INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 1 yr.</u> DUE TO (b) _____ DUE TO (c) <u>1747</u>
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 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 _____ 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 <u>January 1963</u> to <u>12/8/63</u> and last saw her/him alive on <u>12/8/63</u> Death occurred at <u>12:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>F. R. Bradley, M.D.</u>	22b. ADDRESS <u>BARNES HOSPITAL</u>
22c. DATE SIGNED <u>12/8/63</u>	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>
23b. DATE <u>12-11-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lawrencville Cemetery</u>
23d. LOCATION (City, town, or county) <u>Lawrenceville, Ill.</u> (State) _____	
24. FUNERAL DIRECTOR <u>G. C. Emmons, Lawrenceville, Ill.</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>DEC 9 1963</u>
26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>	

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 Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John J. Kessly III

Licensed Embalmer No. 5039

P. O. Address E. St. Louis 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.