

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0036203
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3318

FILED SEP 12 1966

| | | | | | |
|--|----------------------------------|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ste Genevieve</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gravo-Coeur</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Ste Genevieve</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri-Baptist</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS <u>74 Seraphin Street</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Raymond</u> Last <u>Stange</u> | | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>5</u> Year <u>1966</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-17-1903</u> | 9. AGE (last birthday) <u>63</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elec. technician</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Line Company</u> | | 11. BIRTHPLACE (City and state or country) <u>Ste Genevieve Co., Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Ernst Stange</u> | | 13b. MOTHER'S MAIDEN NAME <u>Della Elder Pinkston</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Virgie L. Stange</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. <u>492-10-6133</u> | |
| 17. INFORMANT <u>Virgie L. Stange</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>Myocardial Infarction</u> DUE TO (b) <u>Atherosclerosis</u> 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 | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 <u>Ste Genevieve, Mo</u> | | 20g. COUNTY <u>Ste Genevieve</u> | | 20h. STATE <u>Mo</u> | |
| 21. I attended the deceased from <u>Aug 16, 1966</u> to _____ and last saw her/him alive on <u>9/4/66</u> . Death occurred _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Samuel M. Bentz MD</u> | | | 22b. ADDRESS <u>114 N. Taylor St Ste Genevieve Mo</u> | | 22c. DATE SIGNED <u>9/6/66</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>9-8-66</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Crestlawn Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Ste. Genevieve, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Stanton Funeral Home</u> | | | 25. DATE RECD. BY LOCAL REG. <u>9-6-66</u> | | 26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u> |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|----------|----------------|---------------|--------------|
| 2a | 74 Seraphin | 47 Seraphin | 11-9-66 |
| 13a | Della Pinkston | Ella Pinkston | 11-9-66 |
| 19 | Yes | No | 11-9-66 |

correct item 19

MEDICAL CERTIFICATION

DOCUMENT Autopsy report from doctor to

SEP 20 1966

MAR 2 1967

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

James J. Curson

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

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.