

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 323 63-029638

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10941

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH AUG 5 1968		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Francois		a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		c. CITY OR TOWN Bonne Terre	
Length of stay in 1b 20 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1		d. STREET ADDRESS (If outside, give location) Route 1	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Glenwood Louis Waller			4. DATE OF DEATH Month Day Year July 29 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jul 3, 1913
9. AGE (last birthday) 50		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self-employed	11. BIRTHPLACE (City and state or country) St. Francois Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME John Waller	
13b. MOTHER'S MAIDEN NAME Hulda Patterson		14. NAME OF HUSBAND OR WIFE Rowena Holmes Waller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Rowena Waller		Address Route 1, Bonne Terre	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocuted			INTERVAL BETWEEN ONSET AND DEATH DOA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 checked="" 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.) Electrocuted while working on electric	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 7:10 a.m. Jul 29, 63		pump.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Farm	20f. CITY, TOWN, OR LOCATION COUNTY STATE Rt. 1 Bonne Terre St. Francois Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ted Boyer, Carver		22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED Jul 31, 63
23b. BURIAL, CREMATION, REMOVAL (Specify) Burial	23c. DATE Aug 1, 1963	23d. NAME OF CEMETERY OR CREMATORY Marvin Chapel	23e. LOCATION (City, town, or county) (State) Bonne Terre Mo.
24. FUNERAL DIRECTOR ADDRESS G.Z. Boyer & Son Bonne Terre		25. DATE RECD. BY LOCAL REG. July 31, 1963	26. REGISTRAR'S SIGNATURE Ether Rudloff

AUG 8 1963

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

Carlton Ted Boyer, Jr.
Signed

Licensed Embalmer No. 5117

P. O. Address Bonny Tenn 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.