

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0016667

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

4151

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

MY FILED 07 64

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: St. Francois															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis			Length of stay in 1b		c. CITY OR TOWN: Cantwell		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>												
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hosp				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Cantwell		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First Middle Last Alva Myrtle Hood						4. DATE OF DEATH Month Day Year April, 24, 1964													
5. SEX Female		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 12/-/1898		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Iron Co. Mo.		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.											
13a. FATHER'S NAME John H. Ward				13b. MOTHER'S MAIDEN NAME Nellie Snyder				14. NAME OF HUSBAND OR WIFE Thomas Hood											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address Thomas Hood Cantwell, 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) Myocardial infarction										INTERVAL BETWEEN ONSET AND DEATH 4 wks.									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Arteriosclerosis		YRS							
										DUE TO (c) Diabetes mellitus		YRS.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X										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 July 8, 1960 to April 24, 64 and last saw her Apr. 23, 64 Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE Melvin H. Goldman, MD (Degree or title)						22b. ADDRESS 8631 Delmar, St. L., Mo.				22c. DATE SIGNED 4/24/64									
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/24/1964		23c. NAME OF CEMETERY OR CREMATORY St. Francois Memo				23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo											
24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo						25. DATE RECD. BY LOCAL REG. APR 24 1964		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.											

USE BLACK INK OR TYPEWRITER RIBBON

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

Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address

East River Road

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.