

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033366
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 338

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10941

20942

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE, MO.		Length of stay in 1b	c. CITY OR TOWN FLAT RIVER, MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROSEVELT STREET
3. NAME OF DECEASED (Type or print) First ANNA Middle C Last SANDS		4. DATE OF DEATH Month AUG Day 10 Year 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/22/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY BOLLINGER CO.	9. AGE (last birthday) 86
13a. FATHER'S NAME JOHN ANGEL		13b. MOTHER'S MAIDEN NAME SARAH SMITH	
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 ALBERT SANDS		Address WOMACK, 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) Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 wks
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) Senility			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 checked="" 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 June 15, 1963 to Aug 10, 1963 and last saw her ^{her} alive on Aug 10, 1963 Death occurred at 1130/A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Foster (Degree or title) M.D.		22b. ADDRESS Desloge Mo	22c. DATE SIGNED 8-12-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/12/63	23c. NAME OF CEMETERY OR CREMATORY CROSS ROADS	23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON, MO.
24. FUNERAL DIRECTOR C.H. COZEAN ADDRESS 217 W. COLUMBIA		25. DATE RECD. BY LOCAL REG. Aug 12, 1963	26. REGISTRAR'S SIGNATURE Cather Rudloff

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 _____

Licensed Embalmer No. 4084

P. O. Address Wrighton 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.