

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003754

FILED VS JAN 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **391** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 1 MO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSP		d. STREET ADDRESS (If outside, give location) 1601a THURMAN AVE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ROBERT Middle N. Last McLAFFERTY			4. DATE OF DEATH Month JAN. Day 11 Year 1960		
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-3-1936	9. AGE (last birthday) 23 yrs	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber-West Side Plumbing Co.		10b. KIND OF BUSINESS OR INDUSTRY Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Oliver McLafferty		13b. MOTHER'S MAIDEN NAME Mary Harmon		14. NAME OF HUSBAND OR WIFE DONNA LEE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 495-34-4699	17. INFORMANT Oliver J. McLafferty Rt. 2 Hillsboro, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocarditis		4 WKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) acute Rheumatic Fever	
	DUE TO (c) 401.2	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMONIA	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 **DEC 15, 1959** to **JAN. 11, 1960** and last saw ^{her} him alive on **JAN 11, 1960**
Death occurred at **11:45 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Quinton J. Wick 3-D.	22b. ADDRESS 1325 S. GRAND	22c. DATE SIGNED 1-11-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (mtr)	23b. DATE 1-14-1960	23c. NAME OF CEMETERY OR CREMATORY Hillsboro Cemetery
23d. LOCATION (City, town, or county) (State) Hillsboro Missouri		

24. FUNERAL DIRECTOR Eriegshauer	ADDRESS 4228 S. King Highway	25. DATE RECD. BY LOCAL REG. JAN 12 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MJB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. M. Stoveland

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.