

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012749

FILED VS MAR 25 1960

2 2667

STATE FILE NUMBER

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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		Length of stay in 1b _____		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1810 N. Leffingwell Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ORVILLE Middle GENE Last HYDE			4. DATE OF DEATH Month March Day 5 Year 1960										
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-14-1946		9. AGE (last birthday) 13		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Claude Hyde				13b. MOTHER'S MAIDEN NAME Ruby Terpin				14. NAME OF HUSBAND OR WIFE -----					
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. None		17. INFORMANT Claude Hyde 1810 N. Leffingwell Ave.				Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shot gun wound by J. D. Shell causing some time apthage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>919.0 19</i>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered when</i>						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 checked="" type="checkbox"/> NO <input 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) <i>apparently shot with shot gun in hands of one</i>									
20c. TIME OF INJURY Hour _____ Month, Day, Year <i>3 5 60</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <i>Richard Fallin, in home at 4137 Clara, March 5, 1960</i>											
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION St. Louis Mo											
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>540 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Joseph H. Lawrence</i>						22b. ADDRESS <i>1300 Clark</i>				22c. DATE SIGNED 3-7-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE March 9, 1960		23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Bl.				25. DATE RECD. BY LOCAL REG. MAR 7 1960				26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. W. Stoveland

Licensed Embalmer No. 4007

P. O. Address St. Louis

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