

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

ED VS SEP 28 1960

**-60-025666**

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 118

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before death) (State and County) a. STATE <u>MO</u> b. COUNTY <u>STE GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u>		Length of stay in lb <u>1 1/2 HR.</u>	c. CITY OR TOWN <u>STE GENEVIEVE PERRYVILLE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO MEMORIAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>TAMMERA GERALYN MELCHER</u>			4. DATE OF DEATH Month Day Year <u>SEPT 12 1960</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/12/60</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days Hours Min. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>PERRYVILLE MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>ANTHONY MELCHER</u>		13b. MOTHER'S MAIDEN NAME <u>LORETTA SADLER</u>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Anthony Melcher Sr. Ste. Genevieve Mo</u> 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) <u>QUINCEPHALUS - NEW BORN Female</u>		INTERVAL BETWEEN ONSET AND DEATH <u>(5 min)</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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 Month, Day, Year a.m. p.m.			
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 9-12-60 to 9-12-60 and last saw her/him alive on 9-12-60  
Death occurred at 9:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>G. H. De Genova md</u>		22b. ADDRESS <u>Ste Genevieve Mo</u>		22c. DATE SIGNED <u>9-13-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/12/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WALL SPRING</u>	23d. LOCATION (City, town, or county) (State) <u>STE GENEVIEVE MO</u>	

24. FUNERAL DIRECTOR <u>Lee R. Bach Sr. Ste. Genevieve Mo</u> ADDRESS		25. PREP. BY LOCAL REG. <u>9-14-60</u>	26. REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 <sup>NOT</sup> \_\_\_\_\_

, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Leo C. Barber*

Licensed Embalmer No. 1985

P. O. Address St. Genevieve

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.