MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-014234
STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 54

FILED MAY 5 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Joachim — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jeff. Memorial Hosp. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jeff.
c. CITY OR TOWN: Herculaneum — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Box 502 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Scott Middle: C. Last: DeClue
4. DATE OF DEATH: Month: April Day: 24, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr.24,
9. AGE (last birthday): 1 day — 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): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): JEFFERSON COUNTYMO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Virgil De Clue
13b. MOTHER'S MAIDEN NAME: Anne Newell
14. NAME OF HUSBAND OR WIFE: NONE
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: Virgil DeClue — Address: Herculaneum, Mo.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 28 hours
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): Mother is diabetic
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ No
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 ☐ NOT WHILE AT WORK ☐
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 April 23, 61, to April 24, and last saw her/him alive on April 24,61
Death occurred at 4:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: DeSoto, MO.
22c. DATE SIGNED: Apr 25,61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-26-61
23c. NAME OF CEMETERY OR CREMATORY: GAMEL
23d. LOCATION (City, town, or county) (State): FESTUS, MO.

24. FUNERAL DIRECTOR — ADDRESS: GENTRY R. POLITTE CRYSTAL CITY, MO.
25. DATE RECD. BY LOCAL REG.: 4-25-61
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Gentry R. Palit

Signature of Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal R

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.