

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021829

STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 5675 Registrar's No. 17

FILED JUL 11 1961

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Folley Hurricane Twp	Length of stay in 1b 1 day	c. CITY OR TOWN Maplewood	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3456 Commonwealth	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Dora Middle E Last Todd	4. DATE OF DEATH Month 6 Day 11 Year 61
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5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 7/25	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months 3 Days 6	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Time Clerk	10b. KIND OF BUSINESS OR INDUSTRY Emerson Elct.	11. BIRTHPLACE (City and state or country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Elbert Grubbs	13b. MOTHER'S MAIDEN NAME Gracie Mullens	14. NAME OF HUSBAND OR WIFE William
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address Maplewood Wm Todd 3456 Commonwealth
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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: IMMEDIATE CAUSE (a) Drowning in Mississippi River Accidental (Coroner's Jury Verdict) DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH
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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 type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Drowned while over depth off of sand bar
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20c. TIME OF INJURY Hour 2:30 p.m. Month, Day, Year 6/11/61	while swimming.
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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.) Mississippi River	20f. CITY, TOWN, OR LOCATION Hurricane Twp. COUNTY Lincoln STATE Mo.
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at **Approx 5:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>Joseph J. Marsh Sr.</i> (Degree or title) CORONER	22b. ADDRESS Troy, Missouri.	22c. DATE SIGNED 6/16/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6/17/61	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.	23d. LOCATION (City, town, or county) (State) Clarksville Tenn.
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24. FUNERAL DIRECTOR Schumacher Inc. 3013 Meramec	25. DATE RECD. BY LOCAL REG. 6/18/1961	26. REGISTRAR'S SIGNATURE <i>Mrs. Clarence Kientz</i>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

VS JUL 1 2 1961

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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis

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.