

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6293 -61-022385
STATE FILE NUMBER

AMENDED FILED JUL 13 1961 318 Primary Registration District No. 1003 Registrar's No.

ITEM NO. SHOULD READ BY AFFIDAVIT OF DOCUMENT INSTEAD OF STATE AMENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 3962 Garfield		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Amanda Caldwell				4. DATE OF DEATH Month 7 Day 3 Year 61			
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-17-82	9. AGE (last birthday) 79 YRS	IF UNDER 1 YEAR Months Days	IF UNDER 2 YEAR Hours Min.	IF UNDER 3 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil			10b. KIND OF BUSINESS OR INDUSTRY Holly Springs Miss. USA		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME BETTIE COLLINS		13b. MOTHER'S MAIDEN NAME Bessie ?		14. NAME OF HUSBAND OR WIFE ? Caldwell			
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 Georgia CAAHAM 3962 Garfield			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Auricular Fibrillation DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 420.0						INTERVAL BETWEEN ONSET AND DEATH Undet.	
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 checked="" 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 6-29-61 , to 7-3-61 and last saw her/him alive on 7-3-61 Death occurred at 7:18 p. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Homer G. Phillips, M.D. (Degree or title)			22b. ADDRESS 2601N. Whittier		22c. DATE SIGNED 7-5-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-10-61	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD		23d. LOCATION (City, town, or county) 6500 ST LOUIS		23e. (State) MO	
24. FUNERAL DIRECTOR WALTER 2707 Stoddard		ADDRESS		25. DATE RECD. BY LOCAL REG. III 6 1961	26. REGISTRAR'S SIGNATURE Loail Smith, M.D.		

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 112 37th Jay

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.