

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-027585
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2213

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

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 164 DAYS	c. CITY OR TOWN MILLER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) BOX 133
3. NAME OF DECEASED (Type or print) First ROBERT Middle L. CALL Last		4. DATE OF DEATH Month 8 Day 4 Year 61	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-11-92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	9. AGE (last birthday) 69 YEARS
11a. FATHER'S NAME JOSEPH S. CALL		11b. MOTHER'S MAIDEN NAME NANCY MC CANCE	11c. NAME OF HUSBAND OR WIFE ELVA CALL
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		12b. SOCIAL SECURITY NO. Dont Know	12c. INFORMANT Address ELVA CALL Box 133 MILLER, MO.
13. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE TRACHEOBRONCHITIS DUE TO (b) CEREBRAL ARTERIOSCLEROSIS DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 DAYS INDETERM
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CORONARY ARTERIOSCLEROSIS			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
14. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20. CITY, TOWN, OR LOCATION VA	21. COUNTY 2-21-61	22. STATE 8-4-61
23. attended the deceased from 7:20 to P on the date stated above, and to the best of my knowledge, from the causes stated.			
24. SIGNATURE (Degree or title) DR. FRED IONATA, M.D.		25. ADDRESS VET. ADM. HOSPITAL, JEFF. BRKS., MO.	26. DATE SIGNED 8-5-61
27. BURIAL, CREMATION, REMOVAL (Specify) Removal	28. DATE Aug 6 1961	29. NAME OF CEMETERY OR CREMATORY LOCAL	30. LOCATION (City, town, or county) (State) Miller Mo
31. FUNERAL DIRECTOR ADDRESS Leiman Funeral Home Miller Mo		32. DATE RECD. BY LOCAL REG. 8-5-61	33. REGISTRAR'S SIGNATURE <i>[Signature]</i>

AUG 22 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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

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.