

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031333

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2183

FILED SEP 1 1961

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Length of stay in 1b DOA	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3232 Olive St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DONALD Middle F. Last IVES.			4. DATE OF DEATH Month Aug. Day 3 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12/19/1930	9. AGE (last birthday) 30	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Distributor		10b. KIND OF BUSINESS OR INDUSTRY wholesale		11. BIRTHPLACE (City and state or country) Waterloo Iowa		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Curtis J. Ives		13b. MOTHER'S MAIDEN NAME Frances L. Ritter		14. NAME OF HUSBAND OR WIFE Janet		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, NO unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Curtis J. Ives; Cedar Rapids, Iowa		

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><i>Melanoma of the Nasal Cavity</i></u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	<u><i>7954</i></u>

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 checked="" 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 _____ 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 _____ to _____ and last saw her alive on _____
Death occurred at *5:26 P.M.* on the _____ date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u><i>John C. Howe</i></u> Health Commissioner		22b. ADDRESS 801 S. Brentwood, Clayton, Mo.		22c. DATE SIGNED 8-16-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8/3/1961	23c. NAME OF CEMETERY OR CREMATORY Cedar Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Cedar Rapids Iowa	
24. FUNERAL DIRECTOR ADDRESS C.R. LUPTON & SONS 7233 DElmar Blvd		25. DATE RECD. BY LOCAL REG. 8-3-61	26. REGISTRAR'S SIGNATURE <u><i>John C. Murphy Md.</i></u>	

DATE AMENDED
 1/2
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.