

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1961

-61-039081
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9965**

AMENDED

1. PLACE OF DEATH a. COUNTY		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 St. Louis		Length of stay in 1b 2 mo.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4027 Magnolia
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jennie Middle (none) Last Platt			4. DATE OF DEATH Month 10 Day 26 Year 61		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-23-71	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Canada	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Samuel Marshall	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE widowed
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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	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Virginia Elliott, Clayton, Mo.	Address 422 Edgewood Dr
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Myocardial Infarction		9 hrs
DUE TO (b) Acute Coronary Occlusion		9 hrs.
DUE TO (c) Atheromatosis		420'1 2 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease - 2 mo.		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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from 8-28-61 to 10-26-61 and last saw her alive on 10-26-61
Death occurred at 3:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. Beckham, M.D.	(Degree or title)	22b. ADDRESS 5800 Arsenal	22c. DATE SIGNED 10/26/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-28-61	23c. NAME OF CEMETERY OR CREMATORY Iola Cemetery	23d. LOCATION (City, town, or county) Iola, Ill	(State)
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24. FUNERAL DIRECTOR Gerbel Funeral Home, Edgewood, Ill	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 27 1961	26. REGISTRAR'S SIGNATURE Road Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kossly III

Licensed Embalmer No. 5039

P. O. Address E. H. Davis

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.