

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039118  
STATE FILE NUMBER

AMENDED

Registered District No. 318  
Filed Nov 10 1961

Primary Registration District No. 1003

Registrar's No. 10238

DATE AMENDED

INSTEAD OF

FILED NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Length of stay in 1b <b>24 yrs</b>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA City Hospital #1</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2717 Madison Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>BARBARA</b> Middle <b>JEAN</b> Last <b>RHONE</b>			4. DATE OF DEATH Month <b>October</b> Day <b>30</b> Year <b>1961</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 3, '33</b>	9. AGE (last birthday) <b>27</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Private Family</b>	11. BIRTHPLACE (City and state or country) <b>West Point, Miss</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Johnny Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Bell Lane</b>		14. NAME OF HUSBAND OR WIFE <b>Raymond Rhone</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unk</b>	17. INFORMANT Address <b>Lena Bell Brown, 2717 Madison</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Viral Pneumonia</b> DUE TO (b) _____ DUE TO (c) <b>492x</b> 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 checked="" type="checkbox"/> Unknown							
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/him alive on _____ Death occurred at <b>12:35 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Helen L. Taylor, Coroner</b>			22b. ADDRESS <b>1300 Clark Ave</b>		22c. DATE SIGNED <b>11-3-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11/4/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Booker T. Washington</b>		23d. LOCATION (City, town, or county) <b>Centreville, Illinois</b>		(State)	
24. FUNERAL DIRECTOR <b>R. M. C.</b> ADDRESS <b>Green Funeral Home, 4060 Washington Ave</b>			25. DATE RECD. BY LOCAL REG. <b>NOV 3 1961</b>	26. REGISTRAR'S SIGNATURE <b>Koal Smith, M.D.</b>			

1970-1971

**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 Melvin E. [Signature]

Licensed Embalmer No. 4428

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.