

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

-61-039532  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2876

1. PLACE OF DEATH  
a. COUNTY ST LOUIS  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK HILL Length of stay in 1b 13 Yrs.  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9324 Crawford Ave. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis  
c. CITY OR TOWN Rock Hill Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 9324 Crawford Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)  
First LORINE Middle B Last HAVIN  
4. DATE OF DEATH Month OCT. Day 12 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 2-21-1918 9. AGE (last birthday) 43 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress - Grove & Co. 10b. KIND OF BUSINESS OR INDUSTRY Kirkwood, Mo. 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Marcus Williams 13b. MOTHER'S MAIDEN NAME Elvie Asbridge 14. NAME OF HUSBAND OR WIFE Beverly K. Havin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
17. INFORMANT Address Beverly K. Havin 9324 Crawford Ave.

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Carcinomatosis INTERVAL BETWEEN ONSET AND DEATH 8 mos?  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Distal Desc. Colon. 10 mos?  
DUE TO (c) Resection of above tumor 7/11/61

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Cachexia. Hepatic Insufficiency  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
20a. ACCIDENT  SUICIDE  HOMICIDE   
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  NOT WHILE AT WORK   
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 6/1/54 to 10/12/61 and last saw her alive on 10/7/61  
Death occurred at 9:30 am. \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter H. Kerford 22b. ADDRESS 3108 S. Grand 22c. DATE SIGNED 10/12/61  
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Oct. 14, 1961 23c. NAME OF CEMETERY OR CREMATORY Hiram Park 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 9450 Olive St. Rd. 25. DATE RECD. BY LOCAL REG. 10-12-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

DATE AMENDED  
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 R. W. Stovesand

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

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.