

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11722-51-046842
STATE FILE NUMBER

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

AMENDED

FILED JAN 5 1962

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| 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 | | c. CITY OR TOWN ST. LOUIS | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G. PHILLIPS | | d. STREET ADDRESS (If outside, give location) 1457 CLARA AVE | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last DORCUS NMN SCOTT | | | 4. DATE OF DEATH Month Day Year 12 15 1961 | | | |
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| 5. SEX FEMALE | 6. COLOR OR RACE COL | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 5-14-1933 | 9. AGE (last birthday) 28 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (City and state or country) MISSOURI | 12. CITIZEN OF WHAT COUNTRY U.S.A |
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| 13a. FATHER'S NAME JOHN HIGGANS | 13b. MOTHER'S MAIDEN NAME STELLA COPHER | 14. NAME OF HUSBAND OR WIFE NONE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. ? | 17. INFORMANT Address STELLA Mc. KINNEY 1454 COTTAGE, ST. LOUIS |
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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: IMMEDIATE CAUSE (a) Generalized Peritonitis; Atelectasis of both lungs; DUE TO (b) Hemorrhage; following criminal abortion; DUE TO (c) Time, Place, and by Party or Parties could not be determined. Criminal abortion | | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 651.2 | | PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" 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.) See above |
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| 20c. TIME OF INJURY Hour s.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 ST. LOUIS | COUNTY ST. LOUIS | STATE MO. |
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **1:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Joseph M. Quinn</i> | (Degree or title) <i>superior</i> | 22b. ADDRESS 1300 Clair | 22c. DATE SIGNED 12-16-61 |
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| 23a. BURIAL CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 12-18-1961 | 23c. NAME OF CEMETERY OR CREMATORY CAIWAY | 23d. LOCATION (City, town, or county) ST. LOUIS | (State) MO. |
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| 24. FUNERAL DIRECTOR Ellis Funeral Home | ADDRESS 2820 Stoddard St. | 25. DATE RECD. BY LOCAL REG. DEC 16 1961 | 26. REGISTRAR'S SIGNATURE <i>Ward Smith, M.D.</i> |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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

Fulton E. Calkin

Licensed Embalmer No.

4198

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.