

# MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

-62-002417

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 9

STATE FILE NUMBER

AMENDED

**FILED JAN 22 1962**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>JEFFERSON</b>				a. STATE <b>MO</b>		b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOACHIM TOWNSHIP</b>		Length of stay in 1b <b>27 DAYS</b>		c. CITY OR TOWN <b>KIMMSWICK MO</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>MOUNTAIN VIEW</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>FIRST STREET</b>	
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>WHITE</b> Last				4. DATE OF DEATH Month <b>JAN</b> Day <b>7</b> Year <b>1962</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>JUNE 22 1885</b>	
				9. AGE (last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and state or country) <b>ILL</b>	
13a. FATHER'S NAME <b>BERNARD HENRY</b>				13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>JESS WHITE (DEC)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>JAMES TEIRNEY</b> Address <b>ST. LOUIS COUNTY MO</b>	
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 <b>worse 4 days.</b>
IMMEDIATE CAUSE (a) <b>Cardio Vascular Disease</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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 <u>12-19-1961</u> to <u>1-7-62</u> and last saw her/him alive on <u>1-7-62</u> Death occurred at <u>4:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>M. H. D. Small M.D.</i> (Degree or title)				22b. ADDRESS <i>Cryostat City, Mo</i>		22c. DATE SIGNED <u>1-8-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JAN 10 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>RICHARDSON CEMETERY</b>		23d. LOCATION (City, town, or county) <b>BECK MO</b> (State)	
24. FUNERAL DIRECTOR <b>HEILIGTAG FUNERAL HOME IMPERIAL MO</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>1-10-62</u>		26. REGISTRAR'S SIGNATURE <i>Paul G. Sigdon</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10-1-1974

**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 Elmer Haligtag

Licensed Embalmer No. 3571

P. O. Address Imperial M

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.