

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003346

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 61

FILED FEB 14 1962

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre			Length of stay in 1b 12 hours		c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bobby Middle Gene Last Greeson				4. DATE OF DEATH Month February Day 8 Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/8/62	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 12	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bonne Terre		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Bob Greeson			13b. MOTHER'S MAIDEN NAME Norma Jean Vaugh			14. NAME OF HUSBAND OR WIFE --	
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 Bob Greeson Address Farmington, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, cerebral DUE TO (b) Tentorial Tear DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 12 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Supratentorial Hemorrhage					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 2-8-62 to 2-8-62 and last saw ^{her} him alive on 2-8-62 Death occurred at 1:50 p. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) F. Richard Crouch M.D.				22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 2-9-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/10/62	23c. NAME OF CEMETERY OR CREMATORY Hillview Cemetery		23d. LOCATION (City, town, or county) Farmington		(State) Missouri
24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo.				25. DATE RECD. BY LOCAL REG. Feb 9, 1962		26. REGISTRAR'S SIGNATURE Ether Rudloff	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 *Paul H. Hugel*

Licensed Embalmer No. 4120

P. O. Address *Farmingdale 2*

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.