

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004655

318

1003

537

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

AMENDED

FILED JAN 19 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>HOUSE SPRINGS</b>	
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 <b>DEACONESS</b>		d. STREET ADDRESS (If outside, give location) <b>R.R. 2. Box 218</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ROXIE</b> Middle <b>TYSON</b> Last			4. DATE OF DEATH Month <b>JAN.</b> Day <b>10.</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>4/25/09</b>	9. AGE (last birthday) <b>52</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>WAITRESS</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RESTAURANT</b>	11. BIRTHPLACE (City and state or country) <b>TENN.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unk</b>	13b. MOTHER'S MAIDEN NAME <b>Unk</b>	14. NAME OF HUSBAND OR WIFE <b>HOUSE</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.	17. INFORMANT <b>MAYME WEIDLER RR 2 SPRINGS</b>	Address <b>HOUSE</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rheumatic Heart Disease</b> <b>Cardiac Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>416x</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) <b>Thromboses of Left &amp; Right Artery + Left Popliteal Artery</b>		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
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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.)
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20c. TIME OF INJURY Hour <b>10:45</b> a.m. p.m.	Month, Day, Year
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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 <b>St. Louis Co. MO.</b>	COUNTY <b>MO.</b>	STATE
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21. I attended the deceased from **January 8, 1962** to **January 10, 1962** and last saw her alive on **January 10, 1962**  
Death occurred at **10:45** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Robert H. Ramsey</b>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>25a S. Flouissant, Ferguson, Mo.</b>	22c. DATE SIGNED <b>1/12/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL JAN. 13, 1962</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. MO.</b>
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24. FUNERAL DIRECTOR <b>Thomas Kuter</b>	ADDRESS <b>2906 St. Louis</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 12 1962</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith. M.D.</b>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

Call of 2:30 P.m. and check  
for 4-0560  
J. J. Plummer

**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 E. E. Plummer

Licensed Embalmer No. 3403

P. O. Address 2906 Nova

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.