MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008103
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2638

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED MAR 15 1962

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 19 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY
c. CITY OR TOWN: Mattoon — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 408 N. 17th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: DOROTHY Middle: M. Last: GOOD

4. DATE OF DEATH: Month: MARCH Day: 7 Year: 1962

5. SEX: Female 6. COLOR OR RACE: White 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH: 2-12-1912 9. AGE (last birthday): 50 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): Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co
11. BIRTHPLACE (City and state or country): Mattoon, Ill
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Robert Marion Prichard
13b. MOTHER'S MAIDEN NAME: Rosa Cutright
14. NAME OF HUSBAND OR WIFE: Stephen George Good

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.: 7
17. INFORMANT: George Good Address: Mattoon, Ill

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CEREBRAL THROMBOSIS	1 WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ESSENTIAL HYPERTENSION WITH UREMIA	YEARS
DUE TO (c)	332x	

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. ☐ 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 SEPT. 3, 1959 to MARCH 7, 1962 and last saw her/him alive on MARCH 7, 1962
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermillion, M.D. (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 3/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 3-8-62
23c. NAME OF CEMETERY OR CREMATORY: Dodge Grove
23d. LOCATION (City, town, or county) (State): Mattoon Ill.

24. FUNERAL DIRECTOR: Mitchell-Jordan ADDRESS: Mattoon, Ill
25. DATE RECD. BY LOCAL REG.: MAR 8 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	8-20-7	I	
3			
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BY AFFIDAVIT OF DOCUMENT

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_____ Signed Frank Prokopf

Signature of Student Embalmer

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

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.