

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008493

DEPARTMENT OF PUBLIC HEALTH AND WELFARE **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **2231**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED FEB 28 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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>2329<sup>a</sup> MICHIGAN</b>	

3. NAME OF DECEASED (Type or print) <b>ANGUS MORRISON</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>21</b> Year <b>1962</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 27 1908</b>	9. AGE (last birthday) <b>54</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>CLERK ST. LOUIS SOUTHWESTERN R.R.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>	
13a. FATHER'S NAME <b>ANGUS MORRISON</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA OETTERER</b>		14. NAME OF HUSBAND OR WIFE <b>LILLIAN MORRISON</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>LILLIAN MORRISON 2329<sup>a</sup> MICHIGAN</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Parkinson's Disease, Fatal.** INTERVAL BETWEEN ONSET AND DEATH **10 yrs.**

DUE TO (b) **Belat.**

DUE TO (c) **Pneumonia, belat Aspiration, acute 3 min.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**350x**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  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 **1-3-62** to **2-21-62** and last saw her/him alive on **2-21-62**  
Death occurred at **12:45p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Thomas Kutz</i>	(Degree or title) <b>MD</b>	22b. ADDRESS <b>3770 Washington Ave St. Louis</b>	22c. DATE SIGNED <b>2-23-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB 24 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW PICKER CEMETERY ST. LOUIS</b>	23d. LOCATION (City, town, or county) (State) <b>MO.</b>
24. FUNERAL DIRECTOR <b>Thomas Kutz 2906 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 24 1962</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Geo Paulsen

Broomfield Ave Bldg

Je 1-4-59

~~Call 11-12-30~~

1:30 - 3:30 Friday

RM 530

**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 Carly Simpson Jr.

Licensed Embalmer No. 4861

P. O. Address Clinton 5th

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.