

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008615

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

2178

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b 25 Yrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R to City Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2336 Park	
3. NAME OF DECEASED (Type or print) VERNON K. REES		First Middle Last		4. DATE OF DEATH Feb. 21, 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/24/29		9. AGE (last birthday) 32	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furnace Tender		10b. KIND OF BUSINESS OR INDUSTRY Century Electric		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Otto C. Rees			13b. MOTHER'S MAIDEN NAME Ella M. Portney			14. NAME OF HUSBAND OR WIFE BETTY	
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. Yes(Unk)		17. INFORMANT Address Mrs. Ella Rees, Herculaneum, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of left leg; Pulmonary Embolism; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. suffered following fall to side walk on or about Jan. 13th 1962. Exact time and place could not be determined DUE TO (b) accident 903.5-44 DUE TO (c) See above							INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE A <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above			
20c. TIME OF INJURY Hour ? a.m. 1-13-62 p.m.		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.) 60 has known		20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis, Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ of the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) 895A <i>Joseph M. McLaughlin</i>				22b. ADDRESS 1200 Clair		22c. DATE SIGNED 2-23-62	
22d. BURIAL, CREMATION, REMOVAL (Specify) Removal		22e. DATE 2/24/62		22f. NAME OF CEMETERY OR CREMATORY Ware		22g. LOCATION (City, town, or county) (State) Ware, Missouri.	
23. FUNERAL DIRECTOR ADDRESS McLaughlin, 2301 Lafayette,				25. DATE RECD. BY LOCAL REG. FEB 23 1962		26. REGISTRAR'S SIGNATURE Loard Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

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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 James R. Chapman
Licensed Embalmer No. 4550
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.