

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-008784

1789

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1789**

FILED FEB 23 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY CITY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST LOUIS		Length of stay in 1b	c. CITY OR TOWN House Springs Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. BAP Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR # 2
3. NAME OF DECEASED (Type or print) First WAYNE Middle J. Last STANLEY		4. DATE OF DEATH Month 2 Day 11 Year 62	
5. SEX M.	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/21/1915
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker		10b. KIND OF BUSINESS OR INDUSTRY automotive	11. BIRTHPLACE (City and state or country) Fort Lauderdale Fla.
13a. FATHER'S NAME Sherman S. Styers		13b. MOTHER'S MAIDEN NAME Ida Crider	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		17. INFORMANT Thela Stanley House Springs Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 11 med.	
DUE TO (b) Myocardial Infarction			
DUE TO (c) Coronary Thrombosis		One hour	
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 type="checkbox"/> NO <input checked="" 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.) 4201	
20c. TIME OF INJURY Hour 12:30 a.m. p.m. Month, Day, Year 2/11/62	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 House Springs Mo COUNTY STATE
21. I attended the deceased from 2/11/62 to 2/11/62 and last saw her alive on 2/11/62		Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Jay A Kilpatno DO (Degree or title)		22b. ADDRESS House Springs Mo	22c. DATE SIGNED 2/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/14/62	23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Bap Cem.	23d. LOCATION (City, town, or county) (State) Cedar Hill Mo
24. FUNERAL DIRECTOR Primmer Funeral Home House Springs ADDRESS Mo		25. DATE RECD. BY LOCAL REG. FEB 13 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OK Helen S. Taylor Coroner, 2-13-62

MAY 24 1963

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 Arthur J. Gans Jr.

Licensed Embalmer No. 4800

P. O. Address Richwood 27 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.