

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009223

DO NOT WRITE ON THIS STUB

AMENDED

FILED
MAR 30 1962
541
304

STATE FILE NUMBER

VS 300
Rev. 4/59

1 4003
2 4002
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4 2
5 0
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7 0
8 2
9 9/160
10 16
11 11404
12 1292-3
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis County, Clayton		Length of stay in lb DOA	c. CITY OR TOWN St. Louis County		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Inside Limits
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6226 Wells	
3. NAME OF DECEASED (Type or print) First Donald Middle Wayne Last Jones			4. DATE OF DEATH Month Jan Day 21 Year 1962		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 15 June 1959	9. AGE (last birthday) 2	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Henry L. Jones			13b. MOTHER'S MAIDEN NAME Annie Foster		14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give was or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Henry L. Jones Address 6226 Wells	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burns plus carbon monoxide inhalation					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)				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 checked="" 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.) Fire in home			
20c. TIME OF INJURY 9:30 p.m.		Month, Day, Year 1/21/62			
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.) Bedroom of home	20f. CITY, TOWN, OR LOCATION Wellston		COUNTY St. Louis STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Joseph M. Karp</i> Coroner			22b. ADDRESS Clayton, Missouri		22c. DATE SIGNED 1/26/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 27 Jan 1962	23c. NAME OF CEMETERY OR CREMATORY Musick Cemetery		23d. LOCATION (City, town, or county) (State) Maryland Heights, Mo.	
24. FUNERAL DIRECTOR E. B. Koonce, 1221 North Grand Blvd.			25. DATE RECD. BY LOCAL REG. 1-24-62	26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>	

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

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