

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009689

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. _____

Registrar's No. 19

FILED FEB 28 1962

VS 300
Rev. 4/59

1 1100
2 1100
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4 C
5 C
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7 0
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9 490X
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12 191-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Washington		a. STATE Mo.	b. COUNTY Wash.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Potosi		Length of stay in 1b D.O.A.	c. CITY OR TOWN Cadet
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Between Cadet and Potosi		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 1
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last Stanley Paul Portell		Month Day Year Feb. 22, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-21-1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 1
11. BIRTHPLACE (City and state or country) Bonne Terre, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Stanley Joseph Portell		13b. MOTHER'S MAIDEN NAME Mary Esther Boyer	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Stanley J. Portell Cadet, Mo. Rt. 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Sepsis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bilateral Pleural Empyema			
DUE TO (c) Lobar Pneumonia			
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 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 <u>2/22/62</u> to <u>2/22/62</u> and last saw <u>him</u> alive on <u>2/22/62</u> Death occurred at <u>9:30p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Sam Dor</i>		22b. ADDRESS 211a. E. High St., Potosi, Mo.	22c. DATE SIGNED 2/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-24-1962	23c. NAME OF CEMETERY OR CREMATORY St. Joachin	23d. LOCATION (City, town, or county) (State) Old Mines, Missouri
24. FUNERAL DIRECTOR Donald Sparks Potosi, Missouri		25. DATE RECD. BY LOCAL REG. 2/24/62	26. REGISTRAR'S SIGNATURE <i>Neil K. Radall</i>

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 *Ronald Sparks*

Licensed Embalmer No. 4819

P. O. Address Potosi, Missouri

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.