

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011796

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 36

STATE FILE NUMBER

FILED MAR 19 1962

VS 300
Rev. 4/59

0570
0920

3
4 3
5 2
6
7 9
8 2
9491X

10
11
12 1-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy		Length of stay in lb 1 day	c. CITY OR TOWN Wentzville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R.1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Florence Guinn			4. DATE OF DEATH Month March Day 14 Year 1962
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH ?
9. AGE (last birthday) ? 100		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties		10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (City and state or country) ?
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ?	
13b. MOTHER'S MAIDEN NAME Mary Farris		14. NAME OF HUSBAND OR WIFE Frank Guinn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Wentzville, Mo. R.R.1		Mrs. Bettie Hudson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE			INTERVAL BETWEEN ONSET AND DEATH 10 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ANOXIA			10 HRS
DUE TO (c) BRONCHOPNEUMONIA			2 DAYS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)	
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 12-28-61 to 3-14-62 and last saw her ^{her} _{him} alive on 3-14-62 Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Warren B Hamilton, D.O. (Degree or title)		22b. ADDRESS Wentzville, Mo.	22c. DATE SIGNED 3/14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/16/1962	23c. NAME OF CEMETERY OR CREMATORY Hope Well Baptist Cem. Wentzville, Mo.	23d. LOCATION (City, town, or county) (State) R.R.1
24. FUNERAL DIRECTOR ADDRESS T.E. Pitman Funeral Home 909 Pitman Ave. Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. 3-14-1962	26. REGISTRAR'S SIGNATURE Charlotte Leek

USE BLACK INK OR TYPEWRITER RIBBON

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 Howard O. Kusler

Licensed Embalmer No. 4631

P. O. Address Winterville, 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.