

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3058 - 62-012469
STATE FILE NUMBER

318 1003

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAR 26 1962

VS 300	DATE AMENDED
Rev. 4/59	
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2 81207	
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12 52-0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

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 Illinois b. COUNTY Macoupin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b	c. CITY OR TOWN Carlinville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 Crestwood Drive
3. NAME OF DECEASED (Type or print) First JOSEPH Middle B. Last BOENTE		4. DATE OF DEATH Month MARCH Day 21 Year 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 7-8-1925
9. AGE (last birthday) 36		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bulk and Retail Oil Business		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Carlinville, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Joseph Frank Boente	
14. MOTHER'S MAIDEN NAME Winifred Parker		14. NAME OF HUSBAND OR WIFE Doris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. W.W. 72	17. INFORMANT Lawrence M. Boente, Carlinville, Ill.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUSPECTED ACUTE MYOCARDIAL INFARCTION DUE TO (b) HYPERTENSION DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 WEEK YEARS
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.)	
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 MARCH 16, 1962 to MARCH 21, 1962 and last saw her alive on MARCH 21, 1962		Death occurred at 4:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>E. Vermillion, M.D.</i>		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 3/21/62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-23-62	23c. NAME OF CEMETERY OR CREMATORY New Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Carlinville, Illinois
24. FUNERAL DIRECTOR Howard C. Heinz		25. DATE RECD. BY LOCAL REG. MAR 21 1962	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

52

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 _____

Not Embalmed
Howard C. Skinn

Licensed Embalmer No. *Ill 7056*
P. O. Address *Carderwells, Ill*

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.