MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-013495
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

14031
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43

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 944

FILED MAR 30 1962

1. PLACE OF DEATH
a. COUNTY: ST Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: NORMANDY MO
Length of stay in 1b: 1 1/2 HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Normandy Ostepathic
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY:
c. CITY OR TOWN: ST LOUIS
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 5007 Beacon ave
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First INFANT Middle GIRL Last HAGGARD

4. DATE OF DEATH: Month 3 Day 20 Year 62

5. SEX: Female

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-20-62

9. AGE (last birthday)

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours 1 | Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: ##########

11. BIRTHPLACE (City and state or country): NORMANDY ST louis Co

12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: DANIEL HAGGARD

13b. MOTHER'S MAIDEN NAME: BETTY WRIGHT

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: DANIEL HAGGARD Address: 5007 Beacon ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Placental seperation
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 hrs

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3-20-62 5PM, to 3-20-62 6:30PM and last saw her alive on 3-20-62

Death occurred at 6:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Geo Knapp Do (Degree or title)

22b. ADDRESS: 4991 Thrush

22c. DATE SIGNED: 3/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 3-21-62

23c. NAME OF CEMETERY OR CREMATORY: Memoral Park

23d. LOCATION (City, town, or county) (State): St Louis County

24. FUNERAL DIRECTOR: John Stygar & Son ADDRESS: 5541 Riverview Blv

25. DATE RECD. BY LOCAL REG.: 3-21-62

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

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.