

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013640

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 889

FILED MAR 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Indiana</b> b. COUNTY _____		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Length of stay in 1b _____	c. CITY OR TOWN <b>Mishawaka</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>_____</b>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Raymond</b> Last _____			4. DATE OF DEATH Month <b>March</b> Day <b>16</b> Year <b>1962</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>May 21-1921</b>	9. AGE (last birthday) <b>40</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman U.S. Rubber Company</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Rubber Company</b>	11. BIRTHPLACE (City and state or country) <b>Mass.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Howard A. Raymond</b>		13b. MOTHER'S MAIDEN NAME <b>Sadie Mackeller</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Raymond</b>	
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. <b>_____</b>	17. INFORMANT Address <b>Bubb Funeral Home-Mishawaka Indiana</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary insufficiency (pneumonia), renal shutdown and multiple traumata</b>					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 checked="" type="checkbox"/> NO <input 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.) <b>Operator of pick-up truck which collided with a tractor-trailer</b>			
20c. TIME OF INJURY <b>1:43 a.m.</b>	Hour _____ Month, Day, Year <b>3/14/62</b>				
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.) <b>highway</b>	20f. CITY, TOWN, OR LOCATION <b>Marlborough</b>	COUNTY <b>St. Louis</b>	STATE <b>Missouri</b>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at <b>12:40 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Raymond Hand</i>			22b. ADDRESS <b>Coroner Clayton, Missouri</b>		22c. DATE SIGNED <b>3/21/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>March 17, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) <b>Mishawaka- Indiana</b>		(State)
24. FUNERAL DIRECTOR <b>C.R. Lupton and Sons 7233 Delmar Blv'd.</b>		25. DATE RECD. BY LOCAL REG. <b>3-16-62</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>		

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.