

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016515

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 175

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 8 1962

VS 300
Rev. 4/59

1 0945
2 09452

3

4 1

5 0

6

7 0

8 2

9 175.0

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON		c. CITY OR TOWN FARMINGTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Airline Drive		d. STREET ADDRESS (If outside, give location) 2 AIRLINE DRIVE	
3. NAME OF DECEASED (Type or print) EMMA LOUISE REPP		4. DATE OF DEATH APRIL 29 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB 6 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANK EMPLOYEE		11. BIRTHPLACE (City and state or country) ST LOUIS	
13a. FATHER'S NAME FERD REPP		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT F. Repp, 2 Airline Dr., Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF OVARY			INTERVAL BETWEEN ONSET AND DEATH 14 mo.
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 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		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from <u>1-8-62</u> to <u>4-29-62</u> and last saw her ^{her} alive on <u>4-29-62</u> Death occurred at <u>10:10 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C.E. Carleton M.D.		22b. ADDRESS Farmington Mo	
22c. DATE SIGNED 5-1-62			
23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL	23b. DATE 5/2/62	23c. NAME OF CEMETERY OR CREMATORY PARKVIEW	23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON MO
24. FUNERAL DIRECTOR ADDRESS C.H. COZEAN FARMINGTON MO		25. DATE RECD. BY LOCAL REG. May 1, 1962	26. REGISTRAR'S SIGNATURE Eather Redloff

USE BLACK INK OR TYPEWRITER RIBBON

MAY 7 9 1962

JUL 20 1962

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 Choyan

Licensed Embalmer No. 64084

P. O. Address: Farrington 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.