MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016566
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3841

FILED APR 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 5hrs & 41Mim
c. CITY OR TOWN St. Louis 18
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Baptist Hospital
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3320 Lemp
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Kimberly Middle: Ann Last: Beckley
4. DATE OF DEATH Month: April Day: 3 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-3-62
9. AGE (last birthday) — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HR: Hours: 5 Min.: 41

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: America

13a. FATHER'S NAME: Clarence Edward Beckley
13b. MOTHER'S MAIDEN NAME: Bobbie Jean Collins
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: Bobbie Jean Collins Address: 3320 Lemp

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) Congenital Atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pre Maturity - 20 weeks
DUE TO (c) Pre Mature Rupture of Membranes
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 761.5

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 4/3/62 to 4/3/62 and last saw her/him alive on 4/3/62
Death occurred at 7:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John B. O'Neill (Degree or title) M.D.
22b. ADDRESS 634 N. Grand
22c. DATE SIGNED 4/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 4-30-62
23c. NAME OF CEMETERY OR CREMATORY Anatomical Board
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Rowland Mortuary Svc. ADDRESS 4104-06 Manchester
25. DATE RECD. BY LOCAL REG. APR 12 1962
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	224		12
3			
4	1		
5	0		
6			
7	0		
8	2		
9			
10			
11			
12	68.0		
13			
	68		

BY AFFIDAVIT OF DOCUMENT

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.