

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018566

STATE FILE NUMBER

Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 10

FILED JUN 5 1962

1. PLACE OF DEATH
 a. COUNTY Franklin
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boone Length of stay in 1b 2 hrs.
 c. CITY OR TOWN Washington Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 335 Olive St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last JEROME F. FILLA
 4. DATE OF DEATH Month Day Year May 30, 1962
 5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 9-28-1930 9. AGE (last birthday) 30
 IF UNDER 1 YEAR Months 8 Days 2 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industrial Hygienist
 10b. KIND OF BUSINESS OR INDUSTRY Ballenkratt Chemical Co.
 11. BIRTHPLACE (City and state or country) Washington, Mo.
 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Joseph H. Filla 13b. MOTHER'S MAIDEN NAME Helen M. Sellmeyer
 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) yes Korean
 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Joseph H. Filla Address 335 Olive Washington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Drowning
 DUE TO (b)
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: instant

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.) Subject drowned while
 20c. TIME OF INJURY Hour 4:00 p.m. 5/30/62 Month, Day, Year swimming in Boone River

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.) 1 1/2 mi W of Boone River
 20f. CITY, TOWN, OR LOCATION Boone COUNTY Franklin STATE Mo.

21. I attended the deceased from 4:00 to 7:00 and last saw her alive on 5/30/62
 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Union Ave St. Louis 22c. DATE SIGNED 5/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 2, 1962 23c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery 23d. LOCATION (City, town, or county) (State) Washington, Missouri

24. FUNERAL DIRECTOR Neuberg & Witt Inc. ADDRESS Washington, Mo. 25. DATE RECD. BY LOCAL REG. June 2-1962 26. REGISTRAR'S SIGNATURE John Charles Lanley

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

JUN 8 1962

JUN 18 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 Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address Washington, 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.