

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-020216

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4875

STATE FILE NUMBER

FILED MAY 23 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 Days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson,		c. CITY OR TOWN Imperial		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First ELIGE (Elijah) Middle M. Last BROOKS			4. DATE OF DEATH Month 5 Day 12 Year 62			5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/12/84		9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer						10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (City and state or country) Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Unknown						13b. MOTHER'S MAIDEN NAME Unknown						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) No						16. SOCIAL SECURITY NO.			17. INFORMANT Maxie McGlaughlin, Imperial, Mo.						Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage												INTERVAL BETWEEN ONSET AND DEATH 48 hrs.							
DUE TO (b) Skull Fracture												INTERVAL BETWEEN ONSET AND DEATH 48 hrs.							
DUE TO (c) 904.0-21																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gangrene of intestines due to thrombosis. Pyelonephritis												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.) Patient fell															
20c. TIME OF INJURY Hour 10⁰⁰ Month, Day, Year 5/10/62		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.) Home 48		20f. CITY, TOWN, OR LOCATION Imperial		COUNTY Missouri		STATE Missouri									
21. I attended the deceased from May 10, 1962 to May 12, 1962 and last saw him alive on May 11, 1962 Death occurred at 5³⁰ a.m. on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) Haver Walker Jr, M.D.						22b. ADDRESS 462 N. Taylor Ave. St Louis 8, Mo.			22c. DATE SIGNED 5/14/62										
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/15/62		23c. NAME OF CEMETERY OR CREMATORY Middlebrook Cem.		23d. LOCATION (City, town, or county) Middlebrook, Mo.		23e. LOCATION (City, town, or county) (State)											
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette						ADDRESS		25. DATE RECD. BY LOCAL REG. MAY 14 1962		REGISTRAR'S SIGNATURE Road Smith, M.D.									

Helen L. Taylor
Coroner
5-15-62

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 James R. Chapman
Licensed Embalmer No. 4550
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.