

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020345

STATE FILE NUMBER

318

1003

5277

Registration District No. Primary Registration District No. Registrar's No.

FILED MAY 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
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289C-28
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis, Mo		Length of stay in 1b 4 Days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida b. COUNTY		c. CITY OR TOWN Fort Pierce		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memoria				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 304 No 12th St				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Jean L. Driscoll			4. DATE OF DEATH Month Day Year 5 24 62			5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 4/1/60		9. AGE (last birthday) 2 Yrs		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) None			
10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (City and state or country) Florida		12. CITIZEN OF WHAT COUNTRY US					
13a. FATHER'S NAME Thomas Driscoll				13b. MOTHER'S MAIDEN NAME Dorothy (Gerritsen)				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				16. SOCIAL SECURITY NO. None		17. INFORMANT Thomas Driscoll Fort Pierce, Florida					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY HYPERTENSION. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ATRIOVENTRICULARIS COMMUNIS (atrioventricular canal defect) DUE TO (c) CONGENITAL HEART DISEASE.										INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 yrs 2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 754.7								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 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		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 3/22/62 to 5/24/62 and last saw her alive on 5/24/62 Death occurred at 6:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE C. Rollins Haulon M.D.						22b. ADDRESS 1325 S. GRAND BLVD St Louis 4			22c. DATE SIGNED 5/24/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 28, 1962		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Fort Pierce		23e. STATE Fla.			
24. FUNERAL DIRECTOR A. H. Bocklage 6536 Clayton Rd.				25. DATE RECD. BY LOCAL REG. MAY 24 1962		26. REGISTRAR'S SIGNATURE Karl Smith, M.D.					

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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St Louis

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.