

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022518

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 138

FILED JUN 26 1962

VS 300 Rev. 4/59

10365

20360

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135-0

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 Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington		Length of stay in lb-OR-TOWN 27 das.	c. CITY OR TOWN St. Clair
c. FULL NAME OF (IF NOT in hospital, give location) St. Francis Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Highway 30
3. NAME OF DECEASED (Type or print) First Thomas Middle J. Last O'Donnell		4. DATE OF DEATH Month June Day 17 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5/14/92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Shoe	11. BIRTHPLACE (City and state or country) Iroquois County, Ill. U.S.A.
13a. FATHER'S NAME Thomas J. O'Donnell		13b. MOTHER'S MAIDEN NAME Sylvia Burgess	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		17. INFORMANT Althea Grant, St. Clair, 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) Cerebral Anoxia DUE TO (b) Chronic Bronchial asthma & Pulmonary Fibrosis & Emphysema DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 6 mos. 10 years
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 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 20 May 62 to 17 June 62 and last saw her/him alive on JUNE 1962 Death occurred at 11:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm. Fred Anderson, M.D.		(Degree or title)	22b. ADDRESS Union, Mo
22c. DATE SIGNED 18 June 62		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/19/62	23c. NAME OF CEMETERY OR CREMATORY Anaconda Cemetery	23d. LOCATION (City, town, or county) St. Clair, Mo.
24. FUNERAL DIRECTOR Casey-Lenox F.H.		ADDRESS St. Clair, Mo.	25. DATE RECD. BY LOCAL REG. 6/19/62
		26. REGISTRAR'S SIGNATURE Lewla C. Heidman	

JUL 6 1962
OCT 10 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 *K. M. Lewis*

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.