

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023714

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 101

FILED JUL 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0500
2 0362
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4 0
5 1
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7 0
8 2
9422-1
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11
12 86-0
13 1-0

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 Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin Co.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		c. CITY OR TOWN St. Clair	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mountain View Conv. Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Wesley Middle Albert Last Sterling		4. DATE OF DEATH Month July Day 4 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-8-74
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		9b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	9c. AGE (last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) Texas County, Mo.
10d. CITIZEN OF WHAT COUNTRY U.S.A.		11. BIRTHPLACE (City and state or country)	
12. CITIZEN OF WHAT COUNTRY		13. NAME OF HUSBAND OR WIFE Lilly Sterling	
13a. FATHER'S NAME Marion Sterling		13b. MOTHER'S MAIDEN NAME Martha Keen	
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. None		17. INFORMANT Lilly Sterling, 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) Cardio-Vascular Disease			INTERVAL BETWEEN ONSET AND DEATH Worse 1/4H
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" 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 <u>6-7-62</u> to <u>7-4-62</u> and last saw him <u>her</u> alive on <u>7-3-62</u> Death occurred at <u>5:30</u> P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. J. Jernell, M.D.</i> (Degree or title)		22b. ADDRESS <i>112 Mississippi Crystal City Mo</i>	22c. DATE SIGNED <i>7-6-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-7-62	23c. NAME OF CEMETERY OR CREMATORY Woodcock Cemetery	23d. LOCATION (City, town, or county) (State) Lubering, Mo.
24. FUNERAL DIRECTOR Casey-Lenox Funeral Home, St. Clair, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 7-7-62	26. REGISTRAR'S SIGNATURE <i>Lucas G. Rigdon</i>

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 Heil B. Vinson

Licensed Embalmer No. 4976

P. O. Address Festus, 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.