

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024272

STATE FILE NUMBER

FILED JUL 30 9 1962 Primary Registration District No. 6047 Registrar's No. 16

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0920
2 0920e

3

4 12

5 3

6

7 1

8 2

9 976x

10

11

12 90-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuivre		Length of stay in 1b 9 Yrs.	c. CITY OR TOWN Wentzville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Marshall John Andres			4. DATE OF DEATH Month Day Year June 18 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 9/17/1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance	9. AGE (last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME John Andres		11. BIRTHPLACE (City and state or country) Valmeyer, Ill. U.S.A.	
13a. FATHER'S NAME John Andres		13b. MOTHER'S MAIDEN NAME Eva Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO None		17. INFORMANT Glenn Andres 406 Wain St. Wentzville, 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) 410 Shotgun through head 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			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 8:15 a.m. 6/ Month, Day, Year		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		20f. CITY, TOWN, OR LOCATION Gilmore, St. Charles, Mo.	
21. I attended the deceased from held view to 6/20/62 and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank R. Amalony</i> (Degree or title)		22b. ADDRESS 12 Cunningham Ct., St. Charles, Mo.	
22c. DATE SIGNED 6/20/62		22d. LOCATION (City, town, or county) Wentzville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/20/1962	
23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery		23d. LOCATION (City, town, or county) Wentzville, Mo.	
24. FUNERAL DIRECTOR F. Pitman ADDRESS 909 Pitman Ave. Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. June 30 1962	
26. REGISTRAR'S SIGNATURE <i>Marvin F. Puff</i>			

MS JUL 1 0 1962 SA

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 Sanford J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.