MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-024455
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5926

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 8120-7
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64

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: FILED JUL 2 1962

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: ILL b. COUNTY: MARION

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS — Length of stay in 1b: 17 days

c. CITY OR TOWN: ODIN — Inside Limits: Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: JEWISH HOSPITAL — Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: JOHN Middle: DELMAR Last: BROWN

4. DATE OF DEATH Month: 6 Day: 14 Year: 62

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 10-28-10

9. AGE (last birthday): 51

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): OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: SHOE MFG.

11. BIRTHPLACE (City and state or country): VERNON, ILL

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN BROWN

13b. MOTHER'S MAIDEN NAME: IDA (NOT KNOWN)

14. NAME OF HUSBAND OR WIFE: (DIVORCED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NOT AVAILIABLE

17. INFORMANT: IDA BROWN Address: ODIN, ILL (MOTHER)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): HEPATIC COMA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): LANNEC'S CIRRHOSIS
DUE TO (c): 581.1

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 5/27/62 to 6/13/62 and last saw ~~her~~ him alive on 6/13/62

Death occurred at 4:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Albert Oberman (Degree or title): M.D.

22b. ADDRESS: 216 So Kingshighway

22c. DATE SIGNED: 6/14/62

23a. ~~BURIAL~~, CREMATION, REMOVAL ~~(Specify)~~: Removal

23b. DATE: 6-17-62

23c. NAME OF CEMETERY OR CREMATORY: EAST LAWN

23d. LOCATION (City, town, or county) (State): SALEM, ILL

24. FUNERAL DIRECTOR: PEESWILSON ADDRESS: ODIN, ILL

25. DATE RECD. BY LOCAL REG.: JUN 14 1962

26. REGISTRAR'S SIGNATURE: Hoard 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 Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H. Duckworth
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.