

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025389

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1931 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 9 1962

VS 300
Rev. 4/59

1 4000
2 4000
3
4 1
5 2
6
7 0
8 2
9 9/96.9
10
11
12 86-0
13

DATE AMENDED
INSTEAD OF
SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis County		Length of stay in 1b 5 yrs.	c. CITY OR TOWN Florissant Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hallsferry Memorial Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 1, Hallsferry Rd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Cora Matilda Bardon			4. DATE OF DEATH Month Day Year June 28, 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-4-75
9. AGE (last birthday) 87		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Florissant, Mo.
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME Silas Garrett	
13b. MOTHER'S MAIDEN NAME Louisa Schneco		14. NAME OF HUSBAND OR WIFE Charles R. Bardon	
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 Elmer G. Bardon, Florissant, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Osteosarcoma, femur			INTERVAL BETWEEN ONSET AND DEATH unknown
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) Hypertensive & 3 Cardiovascular disease			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 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 Month, Day, Year p.m.			
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 June 15 1957 to June 28, 1962 and last saw her alive on 6/25/62 Death occurred at 11:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lewis Lillmann MD (Degree or title)		22b. ADDRESS 8231 Clayton Rd (17)	22c. DATE SIGNED 6/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-2-62	23c. NAME OF CEMETERY OR CREMATORY Salem Ev. Lutheran Cem.	23d. LOCATION (City, town, or county) Black Jack, Mo. (State)
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 6-30-62	26. REGISTRAR'S SIGNATURE June M. Murphy MD

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 R. K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35, 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.