

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030176
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 968

FILED SEP 4 1962

VS 300
Rev. 4/59

6128
21000

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4 0
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12 5-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POELAR BLUFF		Length of stay in 1b 141 DAYS	c. CITY OR TOWN ORAN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE #1
3. NAME OF DECEASED (Type or print)		First RODNEY Middle ALLEN Last SHY	4. DATE OF DEATH Month AUGUST Day 18 Year 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-21-41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAILOR		10b. KIND OF BUSINESS OR INDUSTRY U.S. NAVY	9. AGE (last birthday) 20
11a. BIRTHPLACE (City and state or country) NEW MADRID, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CARL SHY		13b. MOTHER'S MAIDEN NAME DOROTHY BREWER	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES 1960 TO 1962		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT VA. HOSPITAL RECORDS, POPLAR BLUFF, MO.
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTASIS SARCOMA LUNGS		INTERVAL BETWEEN ONSET AND DEATH 7 MONTHS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTASIS FROM RIGHT LOWER FEMUR OSTEOGENIC SARCOMA .		7 MONTHS	
DUE TO (c) _____		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	
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 checked="" 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. VA attended the deceased from APRIL 1, 1962 to AUGUST 18, 1962		Death occurred at 1:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
21a. SIGNATURE (Degree or title) M.V. Malinoski M.V. MALINOSKI M.D. Chief Surg. Scv.		22b. ADDRESS VA. HOSPITAL POPLAR BLUFF, MO.	22c. DATE SIGNED 8-21-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 20 1962	23c. NAME OF CEMETERY OR CREMATORY FORREST HILLS MEMORIAL	
24. FUNERAL DIRECTOR EARL J. SMITH F. H. ORAN MO.		23d. LOCATION (City, town, or county) (State) MORLEY SCOTT MO.	
25. BY LOCAL REG. GARDNER 8-30-1962		26. REGISTRAR'S SIGNATURE Thelma Graham	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 6 1962

NOV 5 1962

MAR 13 1963

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

Earl F. Smith

Licensed Embalmer No. 2676

P. O. Address Orem, 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.