

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031682
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5671 Registrar's No. 120

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10570
23239

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99191

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11057

1290-3

131-0

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Louis.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prarie Twp.		Length of stay in 1b 6 Hrs	c. CITY OR TOWN St Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Father's Farm		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1225 Allen Market Lane Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Robert Krist			4. DATE OF DEATH Month Day Year August 26, 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 12/9/41
9. AGE (last birthday) 20		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) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Mfg. Co.	11. BIRTHPLACE (City and state or country) St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph Krist	
13b. MOTHER'S MAIDEN NAME Ruth Fletcher		14. NAME OF HUSBAND OR WIFE Glenda Howdeshell Krist	
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 Joseph Krist, Truxton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Chest, Striking Heart.			INTERVAL BETWEEN ONSET AND DEATH 10 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Accidental Discharge of Pistol while target shooting			
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 checked="" 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.) Subject was getting out of truck and dropped	
20c. TIME OF INJURY Hour a.m. p.m. 3:10 PM	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> Mauser Pistol. It discharged, bullet struck subject in chest penetrating heart.		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	20f. CITY, TOWN, OR LOCATION Near Truxton	COUNTY Lincoln	STATE Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 3:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Joseph J. Marsh Sr.</i> CORONER		22b. ADDRESS Troy, Missouri	22c. DATE SIGNED 8/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/29/62	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	23d. LOCATION (City, town, or county) (State) Truxton, Missouri.
24. FUNERAL DIRECTOR Temper-Marsh	ADDRESS Funeral Home, Troy, Missouri.	25. DATE RECD. BY LOCAL REG. 9-1-62	26. REGISTRAR'S SIGNATURE <i>Charlotte Lee...</i>

MS SEP 9 1962
SEP 11 1962

OCT 23 1962
DEC 7 1962

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.