

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035241

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 159 Primary Registration District No. 5590 Registrar's No. 34

FILED OCT 9 1962

VS 300 Rev. 4/59

10500

20500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grubville Big River		Length of stay in 1b life	c. CITY OR TOWN Grubville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last George Wm. Henry			4. DATE OF DEATH Month Day Year Oct. 5, 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 10/1/76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchants-		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 86
11a. FATHER'S NAME Daniel Henry		11b. MOTHER'S MAIDEN NAME Emily Frost	11c. NAME OF HUSBAND OR WIFE Laura Henry
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO.	12c. INFORMANT Address Laura Henry Grubville, 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) <u>Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 m m e p</u>
DUE TO (b) <u>Congestive Heart Failure</u>			<u>6 weeks</u>
DUE TO (c) <u>Gen arteriosclerosis Had CVA 6 Months ago</u>			
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 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 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 <u>8/1/62</u> to <u>10/5/62</u> and last saw her/him alive on <u>10/4/62</u> Death occurred at <u>7:30</u> <u>A</u> .m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Jay A. Kelpatno DO</u>		22b. ADDRESS <u>House Springs Mo.</u>	22c. DATE SIGNED <u>10/5/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/7/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grubville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Grubville, Mo.</u>
24. FUNERAL DIRECTOR <u>Casey-Lenox F.H.</u>		ADDRESS <u>St. Clair, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10/8/62</u>
			26. REGISTRAR'S SIGNATURE <u>Clara Bohan, Sup</u>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 24 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 *B. M. Leno*

Licensed Embalmer No. ~~3601~~ 3601

P. O. Address *St. Clair, 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.