

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-035952

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9008** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 **22**
3
4 **2**
5 **3**
6
7 **1**
8 **2**
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11
12 **77-0**
13

RATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
5. SEX		6. COLOR OR RACE	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME		11b. MOTHER'S MAIDEN NAME	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		13. SOCIAL SECURITY NO.	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		15. NAME OF HUSBAND OR WIFE	
IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
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)		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"/>		20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.)	
21. I attended the deceased from _____ to _____ and last saw him alive on _____		20f. CITY, TOWN, OR LOCATION	
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		COUNTY	
22a. SIGNATURE (Doctor or Affiant)		22b. ADDRESS	
22c. DATE SIGNED		23. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. NAME OF CEMETERY OR CREMATORY	
23c. DATE		23d. DATE RECD. BY LOCAL REG.	
24. FUNERAL DIRECTOR		25. REGISTRAR'S SIGNATURE	

FILED SEP 24 1962

St. Louis **Missouri** **St. Louis** **2838 Cass**

Earl Boyd **9 15 62**

Male **Negro** **5-22-20** **42 YRS**

LABORER **STEEL FOUNDRY** **Lucy Tenn** **U.S.A**

EARL BOYD SR **CLASIE BOYD**

yes **WORLD WAR 2** **MRS ELIA MAE GARTH** **MEMPHIS TENN**

Cerebral Thrombosis

332x

9-11-62 **9-15-62**

3:55 A.

James H. Wiley, M.D. **2601 N. Whittier** **9-17-62**

REMOVAL 9-18-62 **MEMPHIS TENN**

A.F. WALTON **2707 Stoddard St** **SEP 18 1962** **Earl 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.