

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

8823

-62-036028

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. _____ Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	
2	210
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

1. FILED SEP 17 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4205 W. Lexington	
3. NAME OF DECEASED (Type or print) Josephine Clark		First Middle Last		4. DATE OF DEATH Month Day Year 9 10 62	
5. SEX Fem.	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-1888	9. AGE (last birthday) 74	IF UNDER 1 YEAR Month Days 5 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PENSIONER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) MISSISSIPPI	
12. CITIZEN OF WHAT COUNTRY USA.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME MARY CLARK	
14. NAME OF HUSBAND OR WIFE DECEASED		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.	
17. INFORMANT JACK RICHARDSON 3839 SL		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Respiratory Failure					Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Cancer of Stomach					
DUE TO (c) 157 X					
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 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 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 9-7-62 to 9-10-62 and last saw her alive on 9-10-62 Death occurred at 6:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. Richardson</i> (Degree, or title)		22b. ADDRESS 2601 N. Whittier		22c. DATE SIGNED 9-11-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-15-62	23c. NAME OF CEMETERY OR CREMATORY FATHER DIXON		23d. LOCATION (City, town, or county) (State) KIRKWOOD MO	
24. FUNERAL DIRECTOR RELIABLE 1389 UNION		25. DATE RECD. BY LOCAL REG. SEP 12 1962		26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>	

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 Clarence Groom

Licensed Embalmer No. 4755

P. O. Address 1389 UNION

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.