

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

62-036067  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9245**

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 11 1962

VS 300 Rev. 4/59

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1701-6X

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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 <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Potosi</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>110 S. Mine St</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Rufus Defoe</b>			4. DATE OF DEATH Month Day Year <b>9/24/62</b>
5. SEX <b>m</b>	6. COLOR OR RACE <b>w</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/13/14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>labor.. retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Alabama</b>
13a. FATHER'S NAME <b>Charles Defoe</b>		13b. MOTHER'S MAIDEN NAME <b>Mrs. Kyle</b>	14. NAME OF HUSBAND OR WIFE <b>Jamie Defoe</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Jamie Defoe, 110 S. Mine</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Multiple rib fractures; Fractured Mandible; Shock, suffered when car operated by deceased went out of control and struck having in vicinity of De Sole, Missouri about sometime after midnight on September 22, 1962.</b> 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) <b>accident</b>			INTERVAL BETWEEN ONSET AND DEATH Months Days Hours Min.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>See above</b>	
20c. TIME OF INJURY Hour <b>12</b> a.m. p.m. Month, Day, Year <b>9-22-62</b>	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.) <b>street</b>	20f. CITY, TOWN, OR LOCATION <b>De Sole, Missouri</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul J. Simon</b> (Degree or title) <b>Deputy Coroner</b>		22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>9/25/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>9/27/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill</b>
24. FUNERAL DIRECTOR <b>Rowland-Ogden</b>		23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>	
ADDRESS <b>1106 Manchester</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 25 1962</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Phillip H. Ogden

Licensed Embalmer No. 5791

P. O. Address St. Louis, 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.