

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037279

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 51

STATE FILE NUMBER

FILED OCT 15 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
b950 3950		
3	INSTEAD OF	DOCUMENT
4 1		
5 1		
6		
7 0		
8 2		
9 422.1		
10		
11		
12 90-0		
13 1-0		

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE MO. b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL		c. CITY OR TOWN BLOOMSDALE,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#1 BLOOMSDALE, MO.		d. STREET ADDRESS R#1 (If outside, give location)	
3. NAME OF DECEASED First MYRTLE Middle FAY Last GRASS		4. DATE OF DEATH Month OCTOBER Day 10, Year 1962	
5. SEX FEMALE	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 2-4-1883 9-4-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN	11. BIRTHPLACE (City and state or country) BONNE TERRE, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME GRANT SCHANEC	
13b. MOTHER'S MAIDEN NAME IDA ASBRIDGE		14. NAME OF HUSBAND OR WIFE WM. GRASS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give <u>WOL</u> or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address WM. GRASS R#1 BLOOMSDALE, 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) Cor. Myocarditis Arterio sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 Bloomersdale, Ste Genevieve Mo COUNTY _____ STATE _____
21. I attended the deceased from 1956 1:10 a.m. 10/16/62 and last saw her/him alive on 10/16/62 . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS [Signature]	22c. DATE SIGNED 10/16/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-13-62	23c. NAME OF CEMETERY OR CREMATORY PEVELY	23d. LOCATION (City, town, or county) PEVELY, MISSOURI (State)
24. FUNERAL DIRECTOR ADDRESS GENTHY R. POLITTE CRYSTAL CITY, MO		25. DATE RECD. BY LOCAL REG. 13 October 1962	26. REGISTRAR'S SIGNATURE George F. Wood

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 Gentry R. Polittle

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.