

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

151-62-039232
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. _____

FILED NOV 15 1962

VS 300	DATE AMENDED
Rev. 4/59	
1 6506	
2 05062	
3	
4 1	
5 1	
6	
7 0	
8 2	
9 025	INSTEAD OF
10 45	
11 050	
12 91-3	
13 1-0	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
SHOULD READ	
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 JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS		Length of stay in lb 7 YRS.	c. CITY OR TOWN 322 SOUTH MILL STREET Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE Harry Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) FESTUS Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ruth Middle Baker Last Baker		4. DATE OF DEATH 11-4-62 Month Day Year	
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 7-10-1907 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN	9. AGE (last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City, and state or country) ADVANCE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME NEELY MURPHY		13b. MOTHER'S MAIDEN NAME LOU WAMPLER	
14. NAME OF HUSBAND OR WIFE NOAH		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 NOAH BAKER Address FESTUS, 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) Fracture of Cervical Spine			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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"/>	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.) Fell FROM Bridge	
20c. TIME OF INJURY 11:00 p.m. Month, Day, Year 11-4-62			
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.) street	20f. CITY, TOWN, OR LOCATION Festus COUNTY Jeff. STATE MO
21. I attended the deceased from Coroner's View and last saw her/him alive on 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____			
22a. SIGNATURE (Degree or title) James C. Johnson, D.C. Coroner, Festus, Mo.		22b. ADDRESS	22c. DATE SIGNED 11-4-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-7-62	23c. NAME OF CEMETERY OR CREMATORY DONGOLA	23d. LOCATION (City, town, or county) (State) LUTESVILLE, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE ADDRESS CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-5-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

NOV 16 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 Henry R. Pollette

Licensed Embalmer No. 3481

P. O. Address Crystal City, Md.

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.