

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039240

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 158

FILED NOV 15 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE 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 Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		Length of stay in 1b 1 day	c. CITY OR TOWN Herculaneum
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 209 Thurwell Street
3. NAME OF DECEASED (Type or print) First Lyda Middle Lavinia Last Comer		4. DATE OF DEATH Month Nov. Day 3 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 9, 1885
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Clothing Mfg.	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Columbus Graves	
13b. MOTHER'S MAIDEN NAME Parlee Graves		14. NAME OF HUSBAND OR WIFE John H. Comer	
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. [REDACTED]	
17. INFORMANT Mrs. Lucille Mitchell, 209 Thurwell St.,		Address Herculaneum, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident			INTERVAL BETWEEN ONSET AND DEATH 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerosis			7 1/2
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 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 Herculaneum, Mo.		COUNTY Jefferson STATE Missouri
21. I attended the deceased from 2/14/55 to 11/3/62 and last saw him alive on 11/3/62 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) MD		22b. ADDRESS Herculaneum, Mo.	22c. DATE SIGNED 11/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 7, 1962	23c. NAME OF CEMETERY OR CREMATORY Hobbs Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Cape County, Missouri
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., Festus, Mo.		25. DATE RECD. BY LOCAL REG. 11-7-62	26. REGISTRAR'S SIGNATURE [Signature]

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 Donald Wingard

Licensed Embalmer No. 4608

P. O. Address Festus, 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.