

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039246

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 150

FILED OCT 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10500
20180

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4 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
a. COUNTY <u>JEFFERSON</u>		a. STATE <u>MO</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOACHIM</u>		c. CITY OR TOWN <u>VAN BUREN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. JEFF MEM HOSP</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Reba</u> Middle <u>M.</u> Last <u>Foss</u>		4. DATE OF DEATH Month <u>10</u> Day <u>26</u> Year <u>62</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/11/94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>PEORIA, ILL</u>
13a. FATHER'S NAME <u>WILLARD S. PRICHARD</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY FOSS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW2</u>		17. INFORMANT <u>MRS MARTIN KILROY</u> address <u>3659 BLOOM ST LOUIS, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Multiple fractures & internal injuries</u>			
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.) <u>Head-on Auto Accident.</u>	
20c. TIME OF INJURY Hour <u>9:45</u> a.m. / p.m. Month, Day, Year <u>10-26-62.</u>			
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.) <u>Highway</u>	
		20f. CITY, TOWN, OR LOCATION <u>Valle Twp</u> COUNTY <u>JEFF.</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>CORONER'S VIEW.</u> and last saw him alive on _____		Death occurred at <u>9:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>James C. Fisher M.D. Coroner</u>		22b. ADDRESS <u>Peoria, Mo</u>	
22c. DATE SIGNED <u>10-26-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/31/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	
		23d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	
24. FUNERAL DIRECTOR <u>Mc Spadden F.H.</u> ADDRESS <u>Van Buren, Mo</u>		25. DATE RECD. BY LOCAL REG <u>10/27/62</u>	
		26. REGISTRAR'S SIGNATURE <u>John G. Fisher</u>	

NOV 1 1962

[Handwritten 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 *Gerald J. Mahan*
Licensed Embalmer No. 4975
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.