

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039269

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 36

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 13 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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 COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro		Length of stay in 1b 4 YRS.	c. CITY OR TOWN Arnold
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove Nurs. Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Ridge Crest Dr.
3. NAME OF DECEASED (Type or print) First FLORENCE Middle STIVER Last		4. DATE OF DEATH Month Oct. Day 24 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/31/79
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) OHIO
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME URIAH WOMBOLD	
13b. MOTHER'S MAIDEN NAME MARY CURTIS		14. NAME OF HUSBAND OR WIFE Charles - Deceased	
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. None	17. INFORMANT Address Mrs. H. Venn 6926 Alabama 11
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Branch Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
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) Arteriosclerotic Heart Disease		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 type="checkbox"/> NO <input checked="" 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	COUNTY STATE
21. I attended the deceased from Feb. 24, 1959 to Oct. 24, 1962 and last saw her/him alive on Oct. 21, 1962 . Death occurred at 7:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert Sanders, M.D.		22b. ADDRESS 1502 Cass St	22c. DATE SIGNED 10-25-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/27/62	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem.	23d. LOCATION (City, town, or county) (State) Lemay Mo.
24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co. 7420 Michigan 11		25. DATE RECD. BY LOCAL REG. 10/27/62	26. REGISTRAR'S SIGNATURE Carlo [Signature]

Dr. Robert Sanders
1502 Cass

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Removal permit #30 issued 10/27/62

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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.