

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039952
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9834**

FILED OCT 19 1962

VS 300 Rev. 4/59
1
28/20/70
3
4 1
5 1
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7 1
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11
12 52.0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		ST. LOUIS, MISSOURI		4 Days		Illinois		Madison		Edwardsville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location)		411 Randle									
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH			
			DESSIE			M.			ANDREWS			OCTOBER 11 1962			
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR			
Female		White				2/28/1902		60		Months		Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY			
Housewife				At Home				Coffeen, Illinois				U.S.A.			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE							
Douglas Jones				Minda Kaiser				Roy D.							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)				16. SOCIAL SECURITY NO.				17. INFORMANT				Address			
No				Nil				Roy D. Andrews, 411 Randle, Edwardsville Ill.							
18. CAUSE OF DEATH (Enter only one cause per line)												INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:												UNDETERMINED			
IMMEDIATE CAUSE (a)															
SYSTEMIC LUPUS ERYTHEMATOSIS															
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.															
DUE TO (b)															
DUE TO (c)												705.4			
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 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		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 <u>OCT. 8, 1962</u> to <u>OCT. 11, 1962</u> and last saw her <u>5:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title)												22b. ADDRESS		22c. DATE SIGNED	
<i>C. D. Vermillion, M.D.</i>												BARNES HOSPITAL		10/12/62	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)							
Entombment		10-15-62		Sunset Hill Mausoleum		Edwardsville Township, Ill.									
24. FUNERAL DIRECTOR						25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE							
Lesley Marks Funeral Home, Edwardsville, Ill.						OCT 15 1962		<i>Loan Smith, M.D.</i>							

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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis

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.